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ON THOSE WRECKED BY SUCCESS: A CLINICAL INQUIRY

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Freud's description of those wrecked by success outlines conflicted oedipal triumph as the central underlying dynamic in this character type. It does not distinguish those patients who avoid success from those driven to achieve and then wreck their success. We present a complex picture that we believe is prototypic of patients who destroy their success. A clinical case illustrates our point of view. We emphasize the developmental problems we believe typical of patients who dramatically wreck the success they achieve. We hope to extend rather than replace Freud's landmark contribution to our understanding of this type of character pathology.

INTRODUCTION

Psychoanalysts are accustomed to dealing with analysands who are intensely conflicted about successes of various kinds. Such analysands may avoid success, disguise success from themselves and others, or as Freud (1916) described, may become wrecked by success. Such problems are so familiar, as are Freud's comments on the matter, that certain questions related to success issues have remained inadequately explored and not updated in keeping with newer clinical and theoretical perspectives. Although varying ways of dealing with conflicted success can often be detected in the same patient, we are interested here especially in the question, not addressed by Freud, of whether those "wrecked by success" can be differentiated from the larger group of patients in whom success issues are highly conflicted and lead to self-defeating behavior. We are curious about what

we can learn from the special features of those cases in which success is achieved and then wrecked as opposed to the more common avoidance of success.

We will attempt to explore possible reasons for these dramatic wreckages, present what in our clinical experience is a typical case, and outline dynamic features we suspect are commonly present in such patients. We hope this re-examination of a historically "classic" psychoanalytic paradigm will sharpen our understanding of a commonly encountered clinical problem as well as elicit from others either corroborating or contradictory data regarding the utility and generalizability of our clinical impressions and formulations, especially about what factors distinguish success wreckers from success avoiders.

FREUD'S CONTRIBUTION

Freud (1916) introduced the clinical designation, "those wrecked by success," in one of three essays entitled "Some Character-Types Met with in Psycho-Analytic Work," written during a period in which he was reworking his metapsychology of mental functioning and applying new ideas to a variety of psychopathological conditions. He was particularly concerned with examining moral functions, self-esteem regulation, and unconscious ideals. These studies would culminate in *The Ego and the Id* (1923), which contains his most thorough and mature theory of superego functioning.

At the time of the writing of these three essays on character types, Freud was especially interested in clinical manifestations of guilt, the cause and even presence of which were outside conscious awareness. This was the era of Freud's pioneering studies of narcissism and of melancholia, works in which pathological self-esteem regulation and unconscious guilt respectively play central roles.

In the character-types essays, Freud was stimulated by what seemed to be paradoxical behavior embedded in traits of char-

acter upon which psychoanalytic depth psychology might shed light. In addition to those wrecked by success, Freud described the exceptions, those individuals who feel entitled to special privileges for reasons that remain unconscious, and criminals who, from a sense of guilt, commit crimes in the present to assuage unconscious guilt related to what Freud called "the two great criminal intentions" (1916, p. 333) of childhood. What is unique to all of these character types, including those wrecked by success, is some antecedent, dynamically unconscious process that leads to observable behavioral manifestations seemingly contradictory to the principles of mental functioning Freud had outlined earlier (1911).

Those wrecked by success are individuals who, on achieving some material success—for example, the consummation of a long sought-after love affair or promotion to a professional position with greater responsibility, prestige, and compensation—rather than enjoying satisfaction in the success, experience some kind of psychological, professional, emotional, and personal wreckage. It is, in fact, more accurate to say such individuals wreck their own success, although they often experience the wreckage passively, and, only with analytic help, come to recognize their active participation in the process. It is possible that the dramatic phenomenon Freud described is but one of a class of instances of failure based upon similar unconscious dynamic elements. More will be said about this question later, but it should be emphasized that one of the purposes of this clinical report is to describe in some detail what we believe to be a typical instance of a dramatic wreckage caused by success and to delineate a series of predisposing factors we have regularly found to be present in some combination in these dramatic cases.

In "Those Wrecked by Success," Freud (1916) explains the phenomenon as the consequence of an unconscious equation between adult success and childhood oedipal victory. The material success is then punished as though an oedipal crime, with its associated unconscious guilt, had, in fact, occurred. Freud leaned heavily on his discovery of childhood sexuality and the

oedipal drama of childhood described earlier in *Three Essays on the Theory of Sexuality*, published in 1905. He wrote little else about "those wrecked by success" under that rubric. However, the phenomenon bears a dynamic relationship to his description, in *The Ego and the Id* (1923), of the consequences of unconscious guilt and his exploration of negative therapeutic reactions and self-induced failure in moral masochistic characters.

The phenomenon is also related to his description of feeling that something is "too good to be true," which he explored some twenty years later in describing his first visit to the Acropolis (1936, p. 242). In a searching piece of self-analysis done as an octogenarian, one who had "grown old and stand[s] in need of forbearance and can travel no more" (1936, p. 248), Freud examines his peculiar thought on finally setting eyes on the Acropolis, a much anticipated experience for this lover of antiquities. "So all this really *does* exist, just as we learnt at school!" (p. 241), Freud exclaims to his brother. Freud considers this an example of something being "too good to be true." He notes that his father "had been in business, he had no secondary education, and Athens could not have meant much to him" (p. 247). "It seems as though the essence of success was to have got further than one's father, and as though to excel one's father was still something forbidden" (*ibid.*). Fenichel (1945) also emphasized the intense sense of guilt related to infantile sexual conflicts in the character types described by Freud. The conflict between superego and ego in such patients is manifest as a "constant necessity of paying off a debt to their conscience" (p. 183).

It is important to try to distinguish those wrecked by success from those whose clinical manifestations, while similar both behaviorally and dynamically, might differ sufficiently to warrant separate explanation. There is something of being wrecked by success that is inherent in every case of neurosis. All neurotics are involved in various sorts of self-defeating behavior. What constitutes success and what constitutes failure must be defined according to the wishes and prohibitions of an individual's inner rather than outer experience. Schafer (1984), in discussing

those wrecked by success, describes a patient for whom being an underachiever constituted success and for whom material success was a failure to live up to his ideal of underachievement. For this particular young man, to be an underachiever was to conform successfully to his family's secretly assigned role for him, to earn his father's compassionate help when in trouble, to avoid the envy of his siblings, and in general to feel like "a good kid," a feeling he lost if endangered by outer success in the usual sense. Neurotic mediocrity and other negative ideals around which patients' self-esteem regulation may center, especially when viewed from the vantage point of psychic rather than external reality, shed new light on the usual measures of success and failure.

Freud, however, was concerned with the more obvious manifestations of success and subsequent psychological unpleasure that seemed to contradict his view that achievement and success ought to be satisfying and pleasurable rather than lead to wreckage, depression, and unpleasure. It is to these dramatic cases that Freud's clinical categorization is usually applied. While failure-seeking and avoidance or spoiling of success are certainly typical elements in the history of many masochistic characters, in these individuals a careful psychoanalytic exploration among the psychological ruins regularly reveals sources of inner satisfactions, to which some would add sexualized satisfactions, that are as important as their being punished for certain forbidden wishes. These failures lack the specificity and drama of the cases Freud described.

To expand our view of masochism too broadly weakens the concept and the explanatory power of our understanding of its unconscious mechanisms. And, as noted earlier, failure, particularly self-induced failure, is part of many if not all neuroses. When psychoanalytic treatment and psychoanalytic diagnoses were more popular, the so-called success neuroses became a grab bag for diverse and often unrelated clinical problems. All neurotic suffering cannot be understood as the result of the equation of success with oedipal victory, although such an un-

conscious relationship is likely to be at least minimally present in most people. Since we feel it is important to distinguish those wrecked by success from the larger group of patients, it seems to us that Freud's paradigmatic explanation of this type of psychopathology is incomplete and that a fuller and more complex dynamic constellation of factors is present in many cases, particularly those in which success is achieved and then dramatically destroyed.

THE BROADCASTER

The Broadcaster was a man in his late thirties who sought treatment for personal and professional unhappiness. He had been told psychoanalysis was his best chance, or perhaps, better said, his last hope for recovery from an affliction he knew little about but recognized as pervasive and chronic. What was most immediately striking about him was that he recounted his difficulties as if he were broadcasting the evening news. His delivery was seamless, stylish, unruffled, and polished to a sheen that immediately and lastingly labeled him, in the analyst's mind, as "the Broadcaster." The analyst marveled at this patient's ability to describe wreckage after wreckage in his life, each time in the wake of what appeared to be a much sought-after success. That he could describe his personal disasters as elegantly as someone telling the nation about the occurrence of a new and miraculous scientific breakthrough was perhaps his most striking presenting feature. He seemed secretly proud of the catastrophes he described, and the analyst sensed he was expected in some way to admire the patient's wreckages. Nonetheless, the Broadcaster's personal distress was very great, and the analyst believed him to earnestly want treatment.

The patient described a series of professional and personal problems that always commenced in the wake of one kind of success or another. After successfully gaining admission to one of the world's great universities, he quickly became disorganized

in his work in relation to overambitious projects that included enrolling in advanced graduate seminars during his first undergraduate semester. After a delayed graduation, he succeeded in being fired from his first three jobs, each a coveted prize. These failures, clearly the result of his seeming inability to handle his success, were each characterized by overambitious projects, a disorganization in his work performance despite very obvious superior intellectual and technical endowment, and an inability to work cooperatively with peers and superiors. In every instance, the patient was devastated and perplexed by his failure, unable to understand what had happened to him.

There were similar incidents in his personal life. The one that stood out most was his detailing of a love relationship with a woman he pursued ardently for many years, yet avoided marrying for a number of reasons that seemed suspiciously contrived, although he was always able to resort to reality bases in explaining his prolonged bachelorhood. Eventually, his woman friend gave up on the relationship and they grew distant, in part because of one of the patient's professional failures that resulted in a move to a distant city. Now separated from her, he grew more determined to overcome both his and her reluctance about marriage. He redoubled his efforts at pursuit, yet went for several years without any success in persuading her. Then, during a trip together, swayed by his unusually desperate pleading and the incredible natural beauty of the setting, she unexpectedly agreed to marriage. Within twenty-four hours, the patient was assailed with inner worry of all sorts. He soon felt despondent, was unable to proceed with the wedding plans, and was practically paralyzed at work. He felt thoroughly miserable and was stunned by the powerful forces that his belatedly successful marriage proposal had set loose within him. It was in relation to this event that he determined to obtain psychoanalytic treatment.

Among the symptoms he reported during the early part of the analysis was a persistent fantasy of exhibiting his penis to male friends and authority figures in a variety of situations and

settings. While he never acted on these impulses, he was embarrassed and frightened by their persistence and frequency. Passive homosexual strivings were present throughout much of the analysis, and the impulse to exhibit his penis could at times be understood as reassuring himself in the face of these "feminine" tendencies.

In addition, he chronicled longstanding conflicts with his parents, with whom he continued to maintain close but troubled ties. He described his mother as a controlling, dominating, intrusive, belittling nag although, surprisingly, he could recall only a few specific instances of such behavior. The patient reported that his mother constantly made known, to anyone who would listen, her dissatisfaction with her talented but relatively unsuccessful businessman spouse. The patient described his father as somewhat paranoid and irrational, preoccupied with political events, internally focused, and argumentative on almost every subject. He was unable to succeed at work or provide his family with the comfort and prestige his wife desperately hoped for.

As the patient experienced it, his mother saw a chance to recoup her losses by vicariously experiencing through him many of the things she felt cheated out of by her husband's problems. The patient was on the surface a brilliant success as a child and adolescent. However, he deeply resented the vice-like grip of his mother's intense interest in his performance. He felt alternately sorry for and enraged at his father for allowing himself to be dominated and humiliated by his wife. He saw his father as weak, victimized, paranoid, and irrational. He recounted many arguments in which his father would take some polarized position from which no logic in the patient's arguments could move him. And he felt he could never please his mother without selling his soul to her.

He thus described his growing up years as in constant battle with both his parents. His adolescent solution was a "pseudo-adult" lifestyle in which he took his meals alone, had his own newspaper personally delivered, and procured a private TV for

his room, which at the time of his growing up was a less common occurrence than it would appear to be today. Despite his intellectual giftedness, he felt intensely jealous of more popular, socially successful peers. While not without friends, he nonetheless lived at the fringe of his peer group and felt he related better to adults, often establishing close ties to teachers that went beyond usual student/teacher relationships.

During the early part of the analytic work, it became apparent that the Broadcaster's verbal fluidity and polish in presenting his difficulties was at times a hostile caricaturing of his father's pretentious speaking style. At other times, it seemed to represent a defensive identification with his father to escape his mother's tyranny. The patient's character combined, among other things, adolescent bravado, feigned self-sufficiency, identification with his mother in belittling his father's paranoid, intellectual style of oratory, and—most difficult to get at—a little boy in awe of his father's frightening, hypervigilant perceptiveness and intelligence. To this awe was attached a deep fear of this dangerous, castrating rival. The fear was buried under the patient's later devalued image of his father, over whom his oedipal victory seemed apparent in the form of his mother's intense interest in her son.

Throughout the analytic work, what was most striking alongside the patient's elegant expository style was his caution in allowing any aggression toward the analyst to reach any depth or intensity. He was cooperative, hardworking, and insightful, and he made many improvements in his professional and personal life. Yet the analyst continually felt there was something overly polite, genteel, and superficial about the work, even though there were many difficult periods.

It was in conjunction with the analysis of the patient's exhibitionist fantasies that things became clearer. Exposing himself had various meanings. The impulse, which occurred only in relation to men, arose when he felt his self-esteem to be threatened, when he felt competitive, and when he felt admiration. There were both loving and hostile components, and these were

explored as his exhibitionistic fantasy occurred during the treatment sessions. What was striking was that it never occurred when he felt a male was truly dangerous. This resonated in the analyst's mind with the rather one-sided view of his ineffectual father which he seemed to cling to despite evidence that this view was not always appropriate.

On one occasion, in the wake of a minor error on the analyst's part in forgetting about a piece of history the patient had previously reported as important, a break in the patient's cooperative and polite veneer occurred; it was manifested by an angry attack on the analyst's slipshod analytic performance. Next, the patient's exhibitionistic wish emerged with an intensity he could barely control. At this point, he became extremely frightened of how the analyst might respond to his challenge; this was the first time he had ever seen his fantasy of exposing himself in a challenging light. A frightening view of the father-analyst emerged with all the vividness and fantastic distortions that are characteristic of the sadistic father so often deeply repressed in patients with this kind of character constellation. Many men have great difficulty in establishing and maintaining what might be called a manly, success-oriented character in relation to these consciously derogated images of a father, the oedipal loser. Such images hide or maintain in repression the frightening paternal images that do not allow for identification and integration into an adult masculine character (Schafer, 1984). Here one sees fertile ground for the development of the kind of pretentious, pseudoadult, pseudomasculine but ultimately self-castrating posture of many of those wrecked by success.

The Broadcaster oscillated among views of himself as oedipal victor, exciting his mother's romantic interest by outshining his gifted but hapless father; as dominated, controlled, and forever the puppet of his mother's vengeful neediness; and as a mocking caricature of his pretentious, paranoid, argumentative rival-father. The latter image of himself served the purpose of defending against his feminine identification, passive homosexual strivings, and oral dependency longings. Last, but most impor-

tant, in terms of his ultimate self-awareness and personality integration, he was a frightened, endangered little boy who had to be very careful in his various posings, pretensions, and successes not to awaken the dangerous, powerful father of his early childhood, the memory of whom had all but disappeared under the blanket of his later derogating view supported and highlighted by his mother's marital dissatisfaction. To be successful as an adult—successes he invariably approached in a state of grandiose excitement, challenging if not outrightly mocking his envious rivals, in fantasy leading with his penis—created inner dangers for which failure was the best solution.

DISCUSSION

What elements in this case emerged during psychoanalytic treatment to round out the picture of the unconscious dynamics of those wrecked by success? In our experience, typified by the case of the Broadcaster, there has been, at least in some way, a reversal of outcome of the oedipal situation in the patient's history so that some chronic form of an apparent oedipal victory has *in fact* taken place. It is interesting to note that in Freud's essay on those wrecked by success he used two lengthy literary examples. One was Shakespeare's Lady Macbeth, who, as Freud put it, "collapses on reaching success, after striving for it with singled-minded energy" (1916, p. 318). The other was Ibsen's Rebecca West, who, after inducing the suicide of her rival, is overcome by remorse that makes it impossible for her to enjoy the fruits of her malignant deception, even after she is forgiven by the high-born Rosmer for "the crime she has committed for love of him" (p. 326). What strikes us immediately is that both of Freud's examples of those wrecked by success involve overt, adult rather than childhood, crimes. Freud points out that such crimes in the lives of his examples reverberate with the subterranean, incestuous events of their childhood. He notes that their dramatic appeal is based on a similar reverberation with these

unconscious elements in the lives of every member of the audience. Yet, we must take into consideration that it is the very universality of the oedipal drama that requires us to search for special and unique historical circumstances to understand why those wrecked by success allow themselves to succeed in the first place rather than avoid success at all costs, as so often occurs.

THE MYTH OF OEDIPUS

The person who is wrecked by success might be viewed as being in the position of Oedipus the king after he "sees" what he has done. He learns that his wife is in truth his mother and that the man he killed on the way to Thebes was his father. The prophecy that he had been consciously striving to escape but unconsciously desired has been fulfilled *in reality*. Oedipus destroys his eyes, substituting physical blindness for his prior psychological blindness. He was able to continue in his incestuous triumph only while he was unaware of it. Freud suggested that Oedipus' putting out his eyes was his self-castration, the talion punishment for the incestuous crime.

If we follow Oedipus later in his life, we find him cared for by his daughter. His dependency needs are now gratified by this reliance on the child of the incestuous union. This child, who is also his sister, closer to him than any usual child or sibling, can be viewed as representing the preoedipal maternal figure. The blind Oedipus, having renounced his kingship and his adult sexuality, is led about and cared for like a child by his daughter (mother).

EARLY DETERMINANTS OF SUCCESS WRECKAGE

Children who are destined to be success wreckers are frequently found among those whose natural endowment is unusually great. These gifts make outstanding success potentially achiev-

able. The first success is the position that these children feel they have achieved early in life—as really having been mother's favorite. Fantasies of exclusive possession of the mother are accompanied by great difficulty in separating from her. Whether or not the child is in reality preferred over the father as consistently as it seems cannot be determined with certainty. What is clear is that the bond with mother was, and still is, unconsciously *felt* to be intense and exclusive. The future success wrecker senses that he or she is at the center of mother's life. Triangulation (Abelin, 1971) is actively repudiated. These children experience themselves as highly overvalued by their mothers. The father is felt to be impotently rageful at having been excluded from the mother-child dyad. This gives the child an intense and frightening sense of power. During normal development, the child must acknowledge regretfully an inability to fulfill mother's adult needs. She needs another adult, generally the father, and makes this preference clear. This is true even in cases where there has been a divorce and father is not present, as mother does not generally behave as if her child is sufficient to fulfill all her needs. There are usually substitute figures.

In the myth of Oedipus, Laius believed the oracle's prediction that his baby son would kill him and marry Jocasta. This belief allowed him to feel justified in his unsuccessful attempt at infanticide. In this aspect of the myth, we find a father who views his infant son as a murderously aggressive adult sexual rival. In the histories of those wrecked by success, the father is seen, usually only unconsciously as in the case of the Broadcaster, as highly aggressive (a sort of Laius figure), intensely envious of the mother-child bond. Mother is generally viewed by the adult patient as having been engulfing and intrusive, demanding attention and gratification. The mother-child bond is sticky and difficult to disengage from, which leads to a variety of consequences. In this context, the exhibitionist symptom of the Broadcaster was often understood as an effort to display his penis both for the mother-analyst to admire and as proof that he was different from her and not castrated. His desperate efforts

to separate, like his pseudoadult stance during adolescence, were understood as an attempt to disengage from the powerful bond to mother.

The Broadcaster often felt himself to be his mother's proxy, her potent phallus who could be successful in the masculine arena that she envied. However, when he achieved success, the narcissistic excitement, the fantasy of himself as oedipal victor and simultaneously as powerful phallic woman, was too much for the repression barrier. To be successful in so exciting a manner was too threatening. When the Broadcaster wrecked his success, he was symbolically castrating himself and turning himself into one image of a woman (mother in her defective castrated form). The exhibitionism, in addition to its other meanings, served to reassure him that he was not actually a castrated woman. Further, wreckage allows the success wrecker to feel autonomous. His success may belong to (be a part of) mother, but his failure is experienced as all his own, despite the unconscious identification with a castrated maternal image.

There are important similarities here to the sense of control experienced by masochistic patients in their "successful" seduction of the aggressor (Loewenstein, 1957). Mother was perceived as a phallic woman who intensely envied and disparaged her husband's masculinity. The child-phallus she produced was highly overvalued, a specially prized extension of herself. The Broadcaster's gifts were felt to be his mother's, as she regularly reminded him. He was "brilliant" and "gifted," as were all the males on *her* side of the family. His masculinity was tolerable, even valuable, because it was actually felt to be hers.

SUCCESS WRECKAGE IN WOMEN

Although we will not here support our speculations about women success wreckers with detailed case material, our collective experience suggests similar dynamics in female success

wreckers. In such a female, her attributes of body (beauty or unusual physical ability) or of mind (precocious intellectual development) are endowed during childhood with phallic significance. In both boys and girls, the future success wrecker is intensely overvalued by mother. When the child is unable to fulfill maternal expectations, mother "turns off," becoming cold and distant. This may contribute to difficulty in separation-individuation as the child's sense of agency and self is thwarted unless it is in accord with mother's desires (Benjamin, 1989). Among the questions that remain to be answered is whether every mother of a success wrecker can be characterized as a particular type of narcissistic woman who delegates her phallic strivings to her glorified offspring.

Whereas the male success wrecker first presents as the childhood oedipal victor with serious psychological and behavioral manifestations, in female success wreckers the tie to the mother and the difficulty separating from her tend to make dyadic issues clear earlier in the analysis. As do male success wreckers, female success wreckers have significant narcissistic psychopathology. The male's expansive phallic grandiosity, which is of disorganizing intensity, is paralleled by a similar phallic grandiosity in the woman, often expressed in the glorification of either physical or intellectual attributes. There may be intense penis envy in these women, although the idea of penis envy is itself so intolerable that it is often strongly repudiated. The female success wrecker has had an intense tie to mother in which she imagines herself to be everything mother needs. The realization that she lacks the penis that father has and that mother values can be distressing to a little girl. It requires great effort to maintain the fantasy of being mother's perfect partner under these circumstances. The girl experiences humiliation and rage at being deprived of a valued body part and the compensatory investment in overvalued physical perfection and/or mental brilliance becomes intensified. This little girl feels she is mother's favorite but has unconscious guilt over having successfully de-

feated the father and having acquired his phallic attributes. There may be conscious contempt for and devaluation of the father, and often of men in general.

The idealization of mother is either preserved or, in some instances, is followed by an intense rageful devaluation during adolescence. It is in adolescence that these women generally begin to show the pathological pattern we describe as success wreckage. Success for such a patient results in relinquishing the life-sustaining but intensely conflicted mother-daughter bond. This leads to intense anxiety and frequent depressive affect. We suspect that in many such cases, the groundwork is laid during separation-individuation which is made especially difficult by the particularly close and ambivalent tie of the child to the mother.

ENVY AND ITS CONSEQUENCES

Freud (1916, p. 330) noted that Rebecca West's relationship with Rosmer and her hostility toward his wife formed "an inevitable replica of her relations with her mother and Dr. West," *including* Rebecca's actually becoming Dr. West's mistress. A parent's profound envy is always present in such histories, as the partially vanquished adult-parent rival continues to live in close connection with the successful offspring. The consequence of this envy was apparent in the Broadcaster's father's persistent hostility toward his son and his disparagement of, if not outright indifference toward, the son's successes during childhood, adolescence, and adulthood. As noted earlier, the Broadcaster's sharply etched view of his mother's domination of him was not accompanied by many specific memories of behavior of this sort. On exploration, it became clear that, in fact, the patient had become overly sensitive to any kind of closeness to or positive emotional response from his mother because he sensed his father's envious reaction. He felt trapped between the threatening

envy of one parent and the too costly gratification provided by the other. In our experience, this constellation often leads to escape into a curiously pseudoindependent, pseudoadult behavior in those children and adolescents later likely to be wrecked by success. This behavior is connected to persistent, unconscious, grandiose self-images and to fantasies of oedipal and other successes fostered by a parent who needs to enhance self-esteem vicariously through a child. The narcissistic self-sufficiency is part of the child's avoidant response to this dangerous dynamic constellation.

The Broadcaster often responded negatively to the analyst's efforts to be helpful during treatment as though he were a genius who, if allowed to live and work in isolation, could accomplish miracles without upsetting anybody. Connected with these grandiose ideas, when they were experienced consciously in relation to some impending success, were signs of disorganization of ego functioning, feelings of disorientation, and deep shame and embarrassment over the emergence of latent exhibitionism. He invariably responded to promotions and successes of various sorts with grandiose excitement and manic exhibitionism, then with disorganization which was soon followed by failure.

Kohut (1971) has described the distress experienced when insufficiently integrated grandiosity and exhibitionism threaten to emerge into consciousness in relation to various kinds of recognition achieved by patients with narcissistic psychopathology. We believe this to be a regular feature of those wrecked by success, even though their character structure may not be best described as narcissistic.

CONCLUSION

Those wrecked by success are patients with dramatic, neurotically based downfalls who are of particular interest because of the seemingly paradoxical nature of their symptomatology. We

have described one such case and traced the historical developments we felt to be crucial to his self-ruination, as revealed in his analytic treatment. We believe these dynamics are typical of many such patients. We have also discussed what we feel are frequently occurring historical antecedents and clinical correlates in cases Freud described as those wrecked by success. We recognize that many mixed cases exist in which success avoidance and success wreckage comingle. We are left to speculate about why certain patients are able to achieve success and then destroy it, as opposed to the more common avoidance of success. We suspect the relevant factors include having already overcome inhibitions to success during childhood, feelings of narcissistic entitlement to success never abandoned during development, less conscious and unconscious guilt in relation to oedipal wishes than in success avoiders, superior talents that predispose to oedipal victory and overvaluation by parents, and the need to dramatically enact success wreckage in relation to negativistically tinged separation attempts from engulfing parents.

We are dealing here with the issue of repetition of trauma, a subject on which much further work is required. We hope that our re-examination of a familiar Freudian character type will stimulate both confirming and refuting data and dialogue in relation to our descriptions and hypotheses.

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The Written Dream: Action, Resistance, and Revelation

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THE WRITTEN DREAM: ACTION, RESISTANCE, AND REVELATION

BY BARBARA STIMMEL, PH.D.

There is a large body of literature that focuses on acting out, but there is little literature on a clear action in analysis, the written dream. The literature that does exist describes anal determinants primarily. This paper, with a clinical vignette at its center, calls attention to primal scene fantasies and wishes as one major impetus to the presentation of a written dream. The central theoretical point is to link Lewin's idea of analysis as a dream with the written dream as an action which invites the analyst into the dream.

> As so often happens with dream-interpretation during analysis, the translation of the dream does not depend solely on the products of association, but we have also to take into account the circumstances of its narration, the behaviour of the dreamer before and after the analysis of the dream, as well as every remark or disclosure made by the dreamer at about the same time—during the same analytic session.
>
> FREUD (1913, p. 272)

Psychoanalysis is the "talking cure." Remembering replaces repeating and verbalization replaces action. Our patients speak; we listen. But sometimes our patients act and we watch.

This paper was presented at the Annual Meeting of the American Psychoanalytic Association, 1990. I wish to thank Drs. William Grossman and Martin Stein, both of whom offered helpful comments about an earlier version of this paper.

This paper focuses on the written dream as a clinical phenomenon important in its own right. It is not simply a resistance to discovery but also an aid to understanding. I will show that this form of dream presentation is a cognitive continuation of the work of the ego, while at the same time allowing more direct expression of forbidden primary process imagery. I will also point out the neglected role of primal scene experience in the formation of the written dream. The paper will serve as a reminder that enactments in the hour often provide valuable information for the analytic process and, of course, should never be ignored.

A clinical vignette is presented which illustrates these ideas and which demonstrates the flexibility of psychoanalytic theory to encompass that which it appears superficially to disdain. It also captures the fertility of the psychic apparatus when juggling opposing demands of the pleasure and reality principles.

The familiar metaphor of the dream as a road, royal and otherwise, needs a context. If we imagine a map of the empire unconscious, the dream, the royal road, is its crown jewel. One of the bases of this conviction lies in Lewin's extensive work on dreams and dreaming, most notably his paper on dream psychology and the analytic situation (1955). As is well known, for Lewin the analytic situation is itself comparable to a dream state.

During sessions when we treat patients' productions, such as written dreams, as parts of the manifest dream content, we find ourselves more receptive to the analysis of primary process enactment, rather than simply to its abolition. In a sense, we are in the person's dream while it is ongoing. This link between dreaming and waking thought was adumbrated by Freud. As he wrote in the *Project for a Scientific Psychology* (1895), "Dreams exhibit every transition to the waking state and to a mixture with normal [psychic] processes" (p. 338), and a little later on, "One shuts one's eyes and hallucinates; one opens them and thinks in words" (p. 339).

Taking the written dream seriously serves to demonstrate the importance of analyzing a piece of behavior rather than forbid-

ding it. Three areas present themselves for scrutiny: (1) the content of the dream; (2) the acts of writing and reading the dream; and (3) the observable realities of the action, e.g., handwriting, prose style, and the medium upon which and with which it is written. Thus, we are on firm ground when suggesting that it is important to include, although not invite, the behavior of the writing down of dreams as part of the analysis of a dream when it appears. Why write it now, why read it, and, perhaps most interesting, why write it in this way on that paper? The answers to these questions are, after all, associations to the dream and therefore help lead us to the dream wish.

These questions became very clear to me during the analysis of Ms. F, who frequently wrote down her dreams. I repeatedly focused on the act of writing while paying attention to the content of the dream. We very often understood the writing down of her dreams to be an undoing of the temporary act of forgetting them. We fruitfully explored Ms. F's compliance and eagerness to please me inherent in this act which included her rebellion against the fundamental rule. In addition, we came to understand the disavowal of the dream as her own through the act of reading rather than organically "producing" it, as it were, during the hour. The component of compromise also presented itself in this instance when it soon became apparent that the piece of paper on which it was written was clung to a little longer and more insistently than necessary, an overvalued product, the loss of which she feared.

But it was not until two further incidents occurred that we arrived at the oedipal determinants of this behavior and their place in the transference. Thus, we finally worked it through.

Ms. F, an attractive, well-educated artist, had had several previous psychotherapy experiences before beginning her analysis. She was referred by a colleague because of an increase in her worry that she would never marry. This carried with it the concomitant fear that she could not make her way alone through life and that some form of "disorganization" would set in.

She was an only child and she reported an uneventful early

history, except for the tremendously traumatizing and "disorganizing" event of her father's illness and death when the patient was about seven. She remained uncertain of her exact age at the time of her father's death throughout much of the analysis. Not surprisingly, she had great difficulty keeping track of dates and times of appointments (not just her analytic sessions) and would repeatedly worry that once again she was disorganized.

The major symptom of the first half of the analysis was the illicit relationship she was having with a married man. She was often abused and humiliated by the arrangement and almost always lonely. Its main element was its secrecy. One other important secret and, for her, socially unacceptable behavior was that of having stolen various articles, accessories and toiletries, from department stores as a late adolescent. She also stole money from the fathers of two friends. The idea that in her love affair she was stealing (although unsuccessfully) someone else's husband was not lost upon her. However, there had not yet been a natural road into the transference of this wish to steal. She was therefore deprived of a more complete and affective understanding of the symptom and its underlying conflict.

Midway into the analysis, Ms. F brought a written dream that took an unusual length of time to read. My initial interpretive approach to this material was to focus on the resistant aspect of the dream length. I also pointed out the difficulty I had following such a detailed dream, with a myriad of elements, and one which was read into the bargain. My interpretation had to do with her wish to confuse and obfuscate while appearing to do the very thing I wanted, namely, bring in her dream.

However, it was clear that there was something important she was trying to tell me from the manner in which she held on to the dream, literally and figuratively. It was then that I noticed the paper upon which the dream was written. It was stationery from the Watergate Hotel(!), where she had stayed with her married lover. I was now able to see the reference to the "dirty tricks," secrets she kept from me (embedded, in part, in her

convoluted dream) in the form of her wish to steal from me. In this instance, what she tried to rob me of was my confidence in general and my skill at dream interpretation in particular. She was able, for the first time, to acknowledge that she envied me both. I pointed out that this theft was really of the phallic prowess she attributed to me, much as her lover was the phallic component of his wife. We were then able to uncover the underlying pleasure and guilt she experienced at humiliating her rival, be it her lover's wife or her analyst.

Soon after, she came with another written dream. It appeared to be written on a blank piece of paper and was shorter and apparently more readily analyzable than the one just reviewed. However, she avoided associating to the central male figure in the dream. When I pointed this out, she remembered a phone call she owed a suitor in whom she was not particularly interested. It was at this point that she casually turned over the paper on which the dream was written, and I saw that it was a flyer advertising the concert of a well-known musician with the same last name as her would-be suitor. When I connected this occurrence to the previously written dream, suggesting that once again she was keeping secrets as well as stealing from me my capacity to help (through withheld associations), she "confessed" that she had been seriously involved with this musician some years earlier and before his marriage. She envied and hated his wife.

Her envy and hatred of me became available in the transference in a new way. She was able to tell me of her longstanding and secret belief that my husband was both successful and famous, much as her former musician lover was. This dream, which paraded her lover before my very eyes, as it were, was an attempt at compensating for the jealousy and envy she felt in response to her fantasies about the sexuality in my marriage. The written dream was her way of reversing the humiliation at being excluded when looking at and hearing primal scene events, if only in fantasy.

This interpretation also led to the uncovering of early child-

hood primal scene memories and imagery. These were defensively hidden behind the traumatizing, while exciting, scenes of parental interactions in their bedroom during father's illness when Ms. F's mother was father's primary caretaker. The patient witnessed and misconstrued her mother's ministrations as sexual seductions. Her father's passivity in the face of her mother's activity only complicated and confused matters further. The conflation of sex, illness, and death was a constant in Ms. F's analysis.

The written dream both hides and tells a secret, very often of a primal scene nature. This work removed the dam to her powerful curiosity about my life with my husband. As she said, "I love to watch and I love to listen." A torrent of wishes and plans followed, having to do with knocking on my door, listening at my door, and finally bursting in on me when with another patient. She had elaborate fantasies about the illicit nature of my relationships with my other patients. These fantasies directed us to her longing to seduce me away from them and ultimately to her longing to seduce me away from my husband. She wondered how I had seduced him into marrying me. She was uncertain if she would get a more helpful answer from him or from me. But he wasn't here for her to ask.

Then another layer of the written dream became apparent to us. Ms. F could save her questions, concerns, and fantasies for the time she would meet her father/mother's husband once again and have an opportunity to talk intimately with him. This anticipated reunion was one of her biggest secrets of all.

The reunion fantasy as enacted through the written dreams offered a route to a reconstruction which had eluded me. This had to do with the anxiety and guilt she experienced as a child when she realized she was losing the capacity to remember her father's voice and was replacing it in her mind with her own. Thus, writing down of precious thoughts preserved them for the future when she would meet her father again. The reading of them, however, provided her with an "other" as well as an "outside" voice, in contrast to her own inner voice, keeping the

illusion of her father's voice alive. This led to another preoccupation with the fear of becoming disorganized. It was related directly and expectedly to the loss of her father and the overwhelming affect and conflicts which ensued.

And last, but certainly not least, Ms. F then told me of a habit which had lasted for many years. Whenever, as a child, she felt she had been "too aggressive" with her mother and her guilt was oppressive, she would write a loving note and leave it on her mother's pillow. This was, as the patient said, "the only thing that would let me sleep." If we look at the note she wrote her mother before sleep and that which she wrote me after sleep, we discover a highly condensed enactment in the analysis: restitution to mother for sadistic and rivalrous fantasies, sexual union with father in sleep/death, and the function Freud postulated for dreaming in the first place: guardian of sleep.

DISCUSSION

Stein (1989) discussed the hazy borders between sleeping and waking states, particularly in the analytic process. If we consider "that secondary revision . . . is not confined to the sleeping state" (p. 70), then respect replaces disdain in our response to the secondary elaborations occurring in the hour which we label acting out. Stein asked several interesting questions about secondary revision in general. "Did this organizing process take place during the dream itself? Was it part of the dream? Does the dream end when the dreamer awakens, or does some kind of dream thinking persist after the sleeper has gotten out of bed and brushed his teeth?" (p. 75). We come to understand the rhetorical nature of these questions whenever we seriously pay attention to the attendant behaviors of a patient when reporting a dream.

In a short paper by Ferenczi (1913, p. 349) on the communicative function of dreams, we find the following poetic couplet which has particular meaning for the thesis of this paper: "Alba mihi semper narrat sua somnia mane, /Alba sibi dormit; somniat

[A]lba mihi" (Alba always tells me her dream in the morning/ Alba sleeps for herself; Alba dreams for me).

Klauber (1967), in an article discussing the significance of reporting dreams in psychoanalysis, made the salient point that verbalization of the dream is itself a process of discharge. Although not Klauber's focus, the idea refers to the continuous blend of primary and secondary process thought in all dream work, even when awake. Klauber also listed several reasons the patient acts to report the dream, not the least of which is "the increased confidence in the power of the ego to stand conflict . . ." (p. 428).

I would add to Klauber's list, beginning with pressure upon the ego to demonstrate or enact conflict as well. The constant activity of the ego in effecting compromise between real and substitute gratification of instinctual aims is evident, not only in the dream work, but also in the reporting of it. It is also likely that the act of reporting the dream is an attempt to ward off passivity and possibly submission to the dream wish. It represents the hope of the dreamer that he or she will be understood and aided, while at the same time reflecting the constant search for the gratifying object. Whether or not our patients "dream for us," it is almost certain that they report for us. It is the unique blend of primary and secondary process elements, which is apparent in the report, that leads the analyst to pay attention to the whole picture.

I chose the word *picture* rather than *story* because imagery is the bedrock of the dream, not language. Language is both an elucidator and obfuscator; most often it is the stuff of secondary process. And, most often, image is the stuff of primary process. Yet they both appear in each other's domain. It is this that we see on the couch, in the dream, which makes the work so compelling and so strenuous.[1]

[1] I would suggest that this required characteristic of analytic listening, the to and fro of it, is one of the reasons analysts impose the injunction against things other than verbal productions, such as the written dream, appearing in the hour. It is often mistakenly believed that this injunction helps limit the intrusion of the "inex-

Sometimes the concrete visual representation of the thing, which is the closest an analysand can come to showing the analyst the "raw" dream, enlightens us in a way that language simply cannot. Sharpe (1937) gave an interesting example of a patient bringing in a sketch he had drawn in which a large rock figured, the likes of which he had never seen. Twelve months later he brought in a dream to which that rock, which he now remembered from a park in his youth, was the primary association.

Slap (1976), writing on the drawing of a dream detail, demonstrated the insistence of an infantile wish so powerful that the ego was threatened to the point that even a disguised description became too difficult to put into words. Although he did not address this issue, by inviting his patient to draw a picture and bypass language, Slap, to some extent, disenfranchised secondary process thought, thus allowing primary process thought more direct expression. However, the act of drawing involves the ego, hence the picture is also a compromise. The disguise remains while the identity is revealed. It graphically brought both the patient and the analyst to one of the forbidden dream wishes. As suggested earlier, sometimes something as crude and unplanned as a quick drawing during the hour brings to life the elegant complexity of the structural model; there are clashes, then cooperation and compromise. Rather than consider this acting in, I prefer to describe the drawing as a "work in progress." It is more than a visual fragment while less than a verbal frieze. Slap's example, while partial, is worth repeating.

> 'A strange-looking bug or bird flew in the kitchen window and attacked me.'
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> As she had difficulty describing the bug or bird, I handed her a pad and pencil and asked if she were able to draw it. She quickly drew a duck on a platform with wheels. She looked at

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pressibles" (Lewin, 1955) into secondary process organization, which is too often the more comfortable form of communication in the analytic process. However, these inexpressibles will out, distorting secondary process along the way.

> what she had drawn and exclaimed, 'Why, that's Bobby's toy!' She went on to say that on the previous day her son had discovered his penis; he had seemed to derive much pleasure from playing with it and she and her husband had joked about 'Bobby's new toy.'
>
> I asked her if she could account for the detail of the kitchen window. She said that she had suggested to her husband that they enlarge the kitchen window into a door. 'Then, when Bobby gets a little bigger, he and his friends can come drooping into the kitchen from the backyard.' 'Drooping ?' I asked. 'Oh! I meant to say *trooping*.'
>
> It thus became apparent that her son's pleasurable manipulation of his penis had aroused envy in her, which had led to castrative impulses (pp. 455-456).

Although drawing is not writing per se, it is the action of putting pen to paper and showing/doing rather than talking, which is important. If we think of Lewin's model, we may consider this form of visual display a shared dream experience. Freud counseled us that the patient may try "to prevent himself from forgetting his dreams by fixing them in writing immediately after waking up. We can tell him that that is no use. For the resistance from which he has extorted the preservation of the text of the dream will then be displaced on to its associations and will make the manifest dream inaccessible to interpretation" (1933, p. 14).

But it is important to remember that Freud, too, relied upon the "pen and paper" presentation of a dream to enhance his understanding of a patient. I am referring, of course, to the Wolf Man's sketch of his famous dream that Freud felt "confirmed his description" (1918, p. 29). And a primal scene dream at that!

While the writing down of dreams is a resistance to dream interpretation as well as an enactment, we do well to remember that resistance in one context can be revelation in another. Freud himself based much of the support for his elaborate theories about dreams on his own written dreams, of which he "had

kept records of a large number . . . which for one reason or another [he] had not been able to interpret completely at the time . . ." (1900, p. 521).

Abraham (1913) went on to point out the transference nature and the neurotic vanity involved in handing the analyst a written dream, a precious gift, which has been rescued from oblivion. He also implied that there is an anal component to this activity when we compare the anxiety felt at the loss of body parts to that felt over the possible loss of intellectual products.

In extending this insight, we are led to the idea that the written dream as a "product" stands on its own and therefore allows the patient to disidentify more readily with the dream wish and identify with the analyst as record keeper. And most likely there is disguised or sublimated primal scene material at the center of any visual presentation, such as the written dream. (Remember the Wolf Man.)

Lipschutz (1954) referred to the different kind of information that the verbal and written dream reports provide when he described a patient who frequently first told, then read his dream.[2] He suggested that the written dream contains greater distortions, since writing versus talking is dependent upon a higher level of ego functioning. Defense mechanisms, according to Lipschutz, are thus more likely to affect dreams reported in this form. He also described what he believed to be some of the dynamic meanings of such behavior. They are related to the anal derivatives of gift-giving, baby-making, and castration anxieties. I would point out, though, that we should remember that

[2] A serious complication in this paper is that the analyst requested that the patient read the dream when he discovered the patient had it in his pocket, thereby indicating his special interest in the contrast between spoken and written dreams. By having the patient repeat this ritual every hour for almost two weeks before addressing the resistant nature of the behavior, the analyst was most likely gratifying several of the patient's instinctual aims. This technique may have been what was needed at that time, but I would add that the writing may ultimately have had less to do with the dream work and more to do with fantasies regarding a shared activity with the analyst. In this way, the dream itself may then have become a resistance against understanding this action.

something else is occurring at the same time. A show is taking place. This show, or primal scene enactment, will include within it anal, phallic, and oedipal derivatives. It will also involve the analyst as object participant. To watch is to engage in the action no matter how tenuously.

Blum (1968) described the treatment of a patient who brought in a written dream which she handed the analyst in lieu of a check. Blum demonstrated the richly overdetermined aspects of this behavior, particularly those from the anal phase, both as direct descendants of as well as regressions from castration anxieties. He pointed out an additional and significant component, which is the work of the ego in regulating object relations, in part through the mechanisms of ego functioning.

Blum reminded us that experiences during latency form a subset of the transference neurosis. Extending this, it makes sense when confronted with the action of reading or writing in the hour to consider school experiences as one of the organizing elements of the action. Blum's patient's pseudostupidity and serious learning disabilities were condensed in what may have been experienced by the patient as a homework exercise of writing the dream. An interesting possibility in the clinical material is that it may have appeared to the patient that Blum tacitly agreed to the role of teacher in the enactment, in that he read the written dream. In so doing, he apparently reinforced the adaptive elements in the writing of the dream, in particular the patient's need to master problems of memory and conservation. For this patient writing required more commitment than did speaking, and it helped to undo the pressure of anal derivatives to "blast and destroy."

Adding to Blum and Lipschutz (and Abraham), we can consider what else might be happening when the patient shows something to the analyst. Their papers highlighted the more complex ego functioning in written, rather than spoken language. This paper suggests that we also take seriously the parallel complexity of ego functioning in response to primal scene experiences (both visual and auditory) as refracted through the

oedipal conflict. The synthetic function of the ego interweaves the psychological and sensory stimuli inherent in the primal scene. A story is woven which helps the child integrate that powerful encounter. Like the primal scene, the written dream is simultaneously a visual and aural seduction. Only now roles are reversed. The child/patient becomes the actor and the parent/analyst becomes the audience. The triangle is completed by inclusion of the objects in the dream content. For that fact, probably much that takes place in the hour which we call variously enactment, acting out, acting in, and resistance are attempts by the patient to engage the analyst in a primal scene, with one or the other the watcher and one or the other the watched.[3]

The dream, however, as with any other psychological event in analysis, cannot be "taken *in isolation*. To achieve this result, it will be necessary to correlate all the established implications derived from a comparative study of a whole series of such functions" (Freud, 1900, p. 511). And so there were many more determinants in my patient's dream work and analysis. Negative oedipal fantasies were significant among them, with the feared "disorganization" of her sexual adaptation in the face of repressed homosexual fantasies. My aim in this context, however, was to focus on the facilitating aspect of an action often found in the analytic process which is usually considered undesirable. And I hope that I have shown that, as with any compromise, a variety of developmental levels with their concomitant fantasies are both represented and formative.

Analysis is akin to sleep and many of its elements are like parts of a dream. I wish to underscore the importance of taking seriously all of these elements as well as every nuance of behavior, including every scrap of paper.

[3] Extending footnote 2, it is possible that the pseudotheoretic prohibition against some enactments in the hour by some analysts is based in part upon a reluctance to "look at and listen to" primal scene material.

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Of Creatures Large and Small: Size Anxiety, Psychic Size, Shame, and the Analytic Situation

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OF CREATURES LARGE AND SMALL: SIZE ANXIETY, PSYCHIC SIZE, SHAME, AND THE ANALYTIC SITUATION

BY BENJAMIN KILBORNE

The author investigates what he terms "size anxiety" and "psychic size." Psychic size is composed of experiences of smallness and largeness with respect to parental figures, fantasies of being large or small, and the meanings of such experiences and fantasies in specific two-person situations. Size anxiety includes the anxiety about being a particular size with respect to a significant other (real or fantasized). Drawing on Gulliver's Travels *and on Ferenczi's paper on Gulliver fantasies, the author discusses how experiences of psychic size, rivalry, and shame provide important analytic material. Dreams and clinical vignettes illustrate the thesis.*

INTRODUCTION

A fact of human existence, psychic size figures prominently in psychotherapy and psychoanalysis in indicating the way each patient feels about his/her own body in relation to that of the analyst. It can also represent a variety of feelings and fantasies about the analytic relationship, an awareness of which can be of

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considerable assistance in furthering analytic work. In addition, psychic size is related to standards of judgment by which each patient evaluates himself or herself and the analyst. These standards are often important elements in unconscious fantasy systems.

Psychic size is necessarily "relative size," which suggests a relationship with the analyst in which the analyst is experienced as either larger or smaller than the patient. The use of the couch is obviously important here, as it literally "reduces" the size of the patient, dropping her or him to beneath the eye level of even the most diminutive analyst. Among the various features of the couch, therefore, are influences on the perceptions of size together with what these perceptions are experienced to mean. Patients may well feel that they become small in the eyes of their analysts by lying down. Such feelings, which I have found to be common among my patients, can be related to the well-known "tall man" in Greek dreams.

In ancient Greece, important dreamers were visited by the "tall man": he stood over the dreamer who was actually lying down in the dream. Towering over the horizontal dreamer, this tall man proceeded to tell the dreamer that he or she was asleep, after which the dream proper could begin. Such narrative conventions served to frame the dream, to set it apart from ordinary experience, and to underscore the differences between "lowly" humans, on the one hand, and the Olympian gods and their messengers, on the other. Commonly used in Greek literature, the "tall man" indicated relative status, reminding mortals by his presence how great are the gods, and how small and insignificant by contrast are human lives.

Asclepius appeared in curative dreams precisely as had the "tall man" in ancient Greece. Worshipers of the cult of Asclepius, the most prevalent religion in the early Christian period and the one considered to present the greatest threat to burgeoning Christianity, sought "true" curative dreams modeled after those in which the "tall man" had appeared. Pilgrims to the sanctuaries of Asclepius who sought curative dreams would

dream that the god of healing towered over them and proceeded to operate on them, to give them advice, or to show them how to cure their afflictions.[1]

It seems to me that the analytic positions (analyst sitting in chair able to see patient, patient lying on couch unable to see analyst) may have been derived in part from such literary conventions, since we know that Freud was familiar with them and perhaps identified himself with Asclepius. It can even be speculated that narrative conventions from ancient Greece may have contributed to the development of Freud's concept of the transference, a major feature of which is dreaming about the analyst. What we know is that differences of size do affect fantasies and that these size fantasies contribute to that regression associated with the use of the couch. Differences of size help to develop the transference and are "enlarged upon" as a consequence of the working through of the transference.

Much of our assessment of ourselves and of others relies upon metaphors and experiences of relative size—upon what I have called "psychic size." Thus, psychic size is directly related not only to fantasies of the body ego but also to the ego ideal. Psychic size is therefore important for an understanding of transference (and countertransference) phenomena. Size is not only an external, objective fact, as scales of measurement would have it; it is an essential, subjective feature of psychic life to which relatively little attention has been paid. Common figures of speech provide us with ample evidence that much of our evaluation of ourselves depends upon comparing ourselves with others. Consider, for example, expressions such as "a tall order," " small-minded," "to look down on someone," "to look down one's nose at someone," or other expressions such as "that was large (or small) of him," "high office," "high-minded," "low-

[1] The authoritative work on the cult of Asclepius is that of Emma and Ludwig Edelstein (1945). Dodds (1951) and others speak of the "tall man" in Greek dreams, as does Chitty (1966) who writes about two desert fathers known as "the Tall Brothers": they appeared in dreams during the early Christian period as had the tall man in classical Greece (see also Kilborne, 1987).

brow," and "lower (or upper) class." In our Greek tradition Olympian beings tower over the lot of us mortals, as we were towered over by our parents when we were small. We "look up to" these Olympian beings, whether parental or mythical.

Sometimes the physical size of our mythical beings (e.g., Gargantua, Paul Bunyan) can be a defense against feeling small and being "belittled." Or diminutive persons (e.g., Tom Thumb, "The Little Tailor") can provide symbols for those who feel belittled. The Little People in Ireland and various other imaginary beings are thought to be significantly (as opposed to insignificantly) small. *Gulliver's Travels* was written by an Irishman astonishingly sensitive to the meanings of size. Far from being a "fact" or an "event" which can be measured, psychic size is a process, a phenomenon deeply rooted in the beholder, in childhood experiences and family relationships with their dynamics of idealization, competition, hostility, envy, and shame. Our size changes as we grow, and as we grow, we "size" ourselves, trying on images of ourselves "for size."

But differences in size are more complicated than my exposition thus far would suggest, since shame and embarrassment and "size anxiety" can result equally from being large as from being small. Over and above actual relative size, there are feelings and fantasies of smallness or largeness. Those persons who are "oversized," unusually tall or stout, often feel no less anxious about their size than those who are unusually small. And to these "sizings" must be added persons with body image distortions, such as those with eating disorders.

Therefore, psychic size is context-dependent in important psychodynamic ways. In the analytic situation analyst and patient are defined in terms of each other, there being no such thing as smallness or largeness except with respect to oneself. This self-referential character of psychic size and size anxiety together with their corresponding narcissistic fantasies are, as we shall see, of particular relevance for analytic work. Fantasizing oneself to be small, for example, can express both feelings of helplessness and humiliation (being constantly "overlooked" or

too conspicuous to fit in) and feelings of rage, rivalry, and danger (not wanting to appear "too big for one's breeches," endangering others). Similarly, fantasizing oneself to be large can be a compensatory defense against feelings of helplessness and humiliation as well as expressions of feelings of rage and destructiveness.

In this paper, I shall elaborate on the notion of psychic size and size anxiety, relating them to the dynamics of shame and the feelings and perceptions of body image. The positive or negative valence placed upon being large or small is quite distinct from actual size and from fantasies of size. Being large can be perceived as an asset, just as it can be perceived as symbolic of some basic flaw. Similarly, smallness can be a symbol of being endearing, just as it can symbolize feelings of insignificance. The primary reality is psychic reality.[2]

Psychic Size in Brobdingnag and Lilliput

In *Gulliver's Travels* Jonathan Swift (1726) provides what is perhaps the most far-reaching literary exploration of psychic size. Swift describes to scale Gulliver's reactions to the size of the inhabitants whose countries he is visiting (one twelfth the size of ordinary mortals in Lilliput; twelve times their size in Brobdingnag). Swift is as faithful to his renderings of Gulliver's perceptions—no matter what his size—as is a mapmaker to the lands and seas he maps.

You will perhaps recall the scene in which Gulliver finds himself in Brobdingnag, in a field of reapers, about to be stepped on. The towering figure closest was "as tall as an ordinary spire-

[2] Psychic reality here includes the evaluation of whatever psychic size one feels oneself to be. Thus there are judgments brought to bear on body ego, together with one's feelings about it. Although I cannot here elaborate on ego-ideal dimensions of size anxiety, these are clearly present and related to shame (see Kilborne, 1992, 1994, 1995; Wurmser, 1981).

steeple," "took about ten yards at every stride," and spoke "in a voice many degrees louder than a speaking trumpet" (p. 124). When this reaper came close, Gulliver felt utterly diminutive, powerless, and terrified of being crushed by a being so gigantic he would not even know he had eliminated a life from the face of the earth. The situation can be compared to that of a very small bug about to be sat on by a heavyweight champion.

> I lamented my own folly and wilfulness in attempting a second voyage against the advice of all my friends and relations. In this terrible agitation of mind I could not forbear thinking of Lilliput, whose inhabitants looked upon me as the greatest prodigy that ever appeared in the world .... I reflected what a mortification it must prove to me to appear as inconsiderable in this nation as one single Lilliputian would appear among us (p. 125).

In his terror, Gulliver does what we often do when experiencing ourselves as diminutive: we imagine a time when we could "lord it over" others, be they baby sisters, brothers, animals, teddy bears—in short, whoever can make us feel larger by comparison. And Swift adds: "Undoubtedly philosophers are in the right when they tell us, that nothing is great or little otherwise than by comparison" (p. 125).

Being tiny in relation to huge creatures is by definition an infantilizing position. Whereas in Lilliput Gulliver is sought after by the navy, able to determine the outcome of battles, and prized for his strength and size, in Brobdingnag Gulliver is a plaything of the Queen and of children: to be played with but not taken seriously. In Lilliput, Gulliver is envied; in Brobdingnag, he is constantly humiliated and made to feel utterly insignificant. The envious Lilliputians try to put out Gulliver's eyes while he is drugged, on the principle that if he does not see them, he cannot perceive them to be as small as they are by comparison; then they can be as large as they wish and avoid the humiliation of seeing themselves through his eyes.

It was the genius of Jonathan Swift to have made *Gulliver's Travels* stand for the dynamics of differences in size.[3] But he did still more. He not only depicted perceptible differences of size, he also represented attendant *feelings* of largeness and smallness which in fantasy may be related to helplessness, competition, envy, rage, and shame.

Real differences in size do give rise to *fantasies* about what smallness and bigness mean and have meant. Whereas some psychologies seem preoccupied with external measurements of various kinds, tending to stop at the literal interpretation of bigness and smallness, psychoanalytic inquiry and treatment begin there, dealing essentially with internal fantasies.

Psychic Size and Size Anxiety

It is striking that the anxiety, shame, humiliation, and competition entailed in what I am calling psychic size are not related to either smallness or largeness. This point was made by Ferenczi, who opens his 1927 paper on Gulliver fantasies by suggesting that dreams "in which giants and dwarfs make their appearance are generally, though not invariably, characterized by marked anxiety" (p. 44). It may be pertinent to note that Freud's *Inhibitions, Symptoms and Anxiety* was published in 1926, and to suggest that the most significant contribution in Ferenczi's paper is the link he makes between size and anxiety.

> The sudden appearance of giants or magnified objects is always the residue of a childhood recollection dating from a time when, because we ourselves were so small, all other objects seemed gigantic. An unusual reduction in the size of objects and persons, on the other hand, is to be attributed to the compensatory wish-fulfilling fantasies of the child who wants to reduce the proportions of the terrifying objects in his environment to the smallest possible size (p. 44).

[3] The origin of the term "Gulliver fantasies" is obscure. Freud only briefly alludes to Gulliver in *The Interpretation of Dreams* (1900, pp. 30, 469).

The clinical picture, however, is considerably more complicated than Ferenczi made it out to be. Smallness in fantasy can be not only a throwback to infantile experience, but also a defense against feeling large, powerful, and threatening. One can feel small so as not to feel dangerous. Just as one can feel large so as not to feel insignificant and powerless.[4]

One analytic patient of mine, whose narcissistic defenses were particularly robust, was troubled very early in the analysis by the fact that I was very tall (6′3″) and that she was very small (barely 5′). I was continually struck by the various uses to which this discrepancy in size was put. For instance, she felt so criticized by the implicit comparison between our heights that she did not look at me at all for years after beginning the analysis. She refused to feel she had to "look up" to me, wanting to be autonomous and independent. She felt that my being tall was an affront to her desire to be "grown up." And she felt that I was a threat to her abilities to deal with problems of body image (she had been bulimic). She spoke repeatedly of her enthusiasm for the women in films who could demonstrate an ability to be just as strong as (or stronger than) the men. Films like *Thelma and Louise* fascinated her, since she felt she had to combat the desire to be protected and taken care of by a large parental figure. In part, my size was threatening to her because of her need to have me take care of her.

She had dreams of being small, like the following:

> I am in a house, the rooms of which are arranged in a row such that you have to go through some to get to the others. I live in

[4] For these remarks I am indebted to Raphael and Rena Moses. As I have discussed elsewhere (Kilborne 1994), Ferenczi is, in his *Gulliver* text, "shrinking" his rival Rank and diminishing the importance of his theories in an effort to secure his place as the father's (Freud's) favorite son. In his *Gulliver* text, which focuses on Swift's absent father and Swift's difficulty in working through his oedipal conflicts, Ferenczi seems to be speaking about an insufficiently available Freud, toward whom he is unable to express and work through competitive, negative feelings. On the Freud-Ferenczi relationship see, most recently, Dupont (1994); see also Haynal (1988); Hoffer (1991); Kilborne (1994); and Saborin (1985).

> this house with my mother and maternal grandmother and my sister. My mother and grandmother are not there, and my sister is asleep on one of the trapezoidal beds in the house. I am in the middle room trying to cheer up a little girl about six years old staring off into space, just looking at the walls. She is not as cute as I was, but she seems to be me in the dream.

Associations included not knowing she was lonely because she did not know what loneliness was, and persistent feelings of smallness when growing up. When there were lapses in empathy, she described feelings of shrinking, as though I did not want her to be important to me, and that was why she felt unimportant. By not responding to her needs, whether conscious or unconscious, I was making her shrink; I was belittling her.

When I went away for a few days in August roughly two years into the analysis, she dreamed:

> I was pregnant. I had not gained much weight, and the affair was painless. The baby was born and weighed something like 3 pounds. But when it was born it began shrinking until it was no larger than a dipstick. I wrapped it up in paper, but kept forgetting it and feared it would get sat on. It looked like a cartoon character.

Thus, after an absence of mine, this patient dreams of being pregnant. The baby in the dream shrinks rather alarmingly, and is in danger of being forgotten or sat on, clearly a fear of hers in the transference: she could not be important to me if I was leaving her. In her associations, the following idea emerged: I could not know how important it was to her that she be important to me. Had I understood that, I would not have left. She spoke both of her wish to go away with me and her fear that she was not significant enough to do so, or I would have taken her. So my leaving meant to her that there was something essential about her emotional life which I refused to grasp.

A repetition of the childhood experience of dwindling when

her mother was absent or unavailable, her fear of dwindling during my absence carries with it an awareness that something is wrong, as well as anxiety about recognizing the size of her need for me. The dream also represents an experience of not being able to maintain her size in my absence, of literally being diminished. Indeed, for years thereafter when significant others did not give her the impression she was important "enough" to them, she would feel she was shrinking.

In this case, then, actual differences in physical size gave scope for unconscious fantasies which became important for the development and the analysis of the transference. And these physical differences in size had psychological overtones in terms of her experiences of gender. Since she associated being male with being powerful, and being female with being overpowered and helpless, differences in size between the two of us were used in fantasy to confirm fears that being a woman means submitting to the man in the most humiliating and degrading fashion, since he will overpower her if she does not. Such fantasies about her own womanhood and my manhood, together with what these mean, were picked up in her experiences of differences in our sizes, yet another reminder of the importance of Freud's observation that the ego is first and foremost a body ego.

Psychic Size, Shame, and Body Image

Size symbolism brings the infant into a world of comparisons in which others are either larger or smaller. Together with this basic classificatory parceling out of family members and other beings, psychic size requires that meanings be given to both size and "relative" size. For example, if you are taller than I am, it is clear that I feel myself to be the measure of your height. If you are smaller than I am, I am equally the measure of your height. But what happens if you, seeing me, feel yourself to be the measure of my height? Assuming we are of different heights,

what happens when two subjects both feel themselves to be the standard against which others are measured? And what happens if children or adults abdicate their subjectively driven sense of scale?

Such comparisons in size become conscious, and are part of self-consciousness and self-orientation. In other words, they are both basic and essential. The very ideas of "smallness" and of "largeness" as qualities are derived from our experiences as infants and children in the process of "growing up." We do not "grow down," of course. "Upness" is associated with growth and with the things everyone aspires to. We want to "live up" to the expectations of ourselves and of others.

In the analytic situation, all differences between the analyst and analysand can fruitfully come under analytic scrutiny. Differences in height are among those which often need to be verbalized, as they are charged with meanings. It is not enough for the analyst to be satisfied that he or she is the standard against which analysands can measure themselves. Analysis entails comparisons at its very heart. It involves, as Melanie Klein knew, both shame and envy. And envy and shame as basic feeling states have to do with the scales of relative size and discrepancies in perception.

As Wurmser (1987) points out, shame is

> caused by a discrepancy between expectancy and realization; an inner or an outer discrepancy, an inner or an outer conflict. It is the polarity, the tension between how I want to be seen and how I am. In its internalized version shame is thus the outcome of a very specific tension between the superego and the ego function of self-perception. The higher the self-expectation and the greater the demand for perfection . . . the greater the discrepancy, and the harsher the need for self-chastisement by self-ridicule, self-scorn and by symbolic or real disappearance and self-effacement. Insofar as "narcissism" refers to the concept of "self-esteem" and "pathological narcissism" to that of "overvaluation" of oneself or of others . . . any great discrepancy between self-expectancy ("ideal-self") and

> self-perception ("real-self") is by definition a "narcissistic conflict," and it is *eo ipso* one that is *felt* as shame . . . (p. 76).[5]

Psychic size can therefore symbolize feelings of shame as well as envy; size anxiety can also trigger defenses against shame and embarrassment about feeling wanting. Associated with the discrepancy between the way one fears one will be seen and the way one wants to appear, shame is often experienced as exposure, vulnerability, and consequently as fear of what we do not want others to see in us. Drawing upon discrepant images of oneself, shame over psychic size can evoke feelings of having been ostracized, betrayed, abandoned, since this is what one deserves if one's defectiveness becomes visible to others.

Derived from the Indo-European root *skam* or *skem*, meaning "to hide," our word "shame" relates to: 1) the (internal) experience of disgrace, together with fear that (perceived, external) others will see how we have dishonored ourselves; 2) the feeling that others are looking on with contempt and scorn at everything we do or don't do; and 3) a preventative attitude (I must hide or disappear in order not to be disgraced). Patients with narcissistic character disorders and those for whom shame is a particularly sensitive area are thus likely to be acutely sensitive to issues of size, comparison, and competition. They will attempt to "hide" their vulnerability by avoiding situations in which it might (either in fantasy or in reality) be detected by others. Applying this to body image and psychic size, we can feel large or small with respect both to our inner evaluations and to those we perceive and/or imagine others to judge us by.

To return to Gulliver fantasies, you will recall that the Lilliputians wished to put out Gulliver's eyes so that they would no longer feel he dwarfed them. Once blinded, he could not see what they did not wish him to perceive, and what they did not

[5] See also Wurmser's *The Mask of Shame* (1981). The affects described by Ferenczi and those of shame described by Wurmser are close to what Balint described in his book, *The Basic Fault* (1968).

wish to perceive in themselves. But Gulliver discovers that the Brobdingnagians, too, could be made to feel uncomfortable under his gaze, however small he is when compared to them.[6] While discussing politics, one of the ministers "observed how contemptible a thing was human grandeur, which could be mimicked by such diminutive insects as I" (p. 146). Contempt here is another facet of shame, and can be used defensively to attempt to control the intensity of shame feelings by reversal; it is not I who is ashamed but you, and you *should* be.

Shame is always and inevitably linked to body image, and body image to systems of judgment, both one's own and those of others. In the view of many analysts, human beings cannot form one complete image of the body. Consequently, "our bodily perceptions result in a multitude of different, independently established body images" (van der Velde, 1985, p. 527), all, as it were, vying for the unattainable status of completion. Because our own judgments—and those of others—intervene in our assessments of our bodies, whatever we call "body image" is necessarily at variance with experienced body feelings. This means that we use all our body images dialectically: to control the way we feel about ourselves and to control the way we perceive others feel about us. As van der Velde (1985) writes:

> Body images thus provide three social functions. They enable man to project how others see him by means of his appearances and actions; they enable him selectively to control the establishment and preservation of a desirable view of himself; and they enable him to create within others impressions that do not precisely reflect his actual self (p. 527).[7]

Shame draws upon discrepant images of oneself. Wishing to be as tall as a parent, for example, and feeling small, fearing that

[6] Jacobson (1964) makes the interesting suggestion that shame "refers to visual exposure, guilt predominantly to verbal demands, prohibitions and criticisms" (p. 144).

[7] What an "actual self" is and how it can be known are questions to which van der Velde has no ready answers.

the parent will see how small one feels, are part of the shame dynamics of children, who, especially in the United States, are constantly enjoined to "grow up." In the transference, shame over revealing to the analyst how small (or large) one feels touches on these dynamics. Body image is never created in isolation, but is reflexive, allowing us to imagine ourselves and others simultaneously in a process of never-ending comparison. All of our perceptions of bodies are of *relative* size. Therefore, they serve as a focus for competitive feelings, both conscious and unconscious.

To illustrate the uses of the concept of psychic size in analytic treatment, I will present several clinical vignettes, including dreams in which differences in size communicate feeling states.

The first dreams are those of a man in his late forties, small in stature. You will recall that I am tall (6′3″); this patient is short (roughly 5′6″). Throughout the analysis (and in the transference) he feels he has had to come up against "big powerful people" who sometimes represent his narcissistic, powerful, and famous father. In his struggles with such "powerful men" he feels that he has habitually come up short and has been humiliated, and that he will be even more humiliated if he lets on how humiliated he feels. A dream:

> I was standing in a railroad station. There were trains going past every which way. I had to cross over to another platform to get to my train. I only wanted to go a little way. Mine was a local train. The station was very large with lots of trains, express trains. There were so many trains going in and out. It was all very confusing. I felt some sense of urgency about getting my little train. Because the journey I wanted to make was a very small one I could not find my train. Just as I was about to get to my small train, this very fast train came in. It was not stopping at this station. It was enormous and going very fast. A very long train. It kept on going on as though it would never end. I was confused and frustrated at having to wait.

His associations led him to speak of having to wait for me

earlier in the week, of his confusion and frustration at having others (who seem larger, who have "larger" agendas) keep him waiting, and of the humiliation he feels if he lets anyone know how upset he is when kept waiting. He went on to express his anxieties that I would not have room for him in my agenda, since he was "too small," and that he could not let me know how much he resented my sense of my own importance, since that made him seem envious and feel lacking. Furthermore, he needed to be small so as to protect me and others from his rage. And he was angry at my treating him as though he were not as important as he felt he needed to be by keeping him waiting. Although he tried to scale down his ambitions, in fantasy his ambitions were very large indeed, so that with respect to them his achievements were forever being diminished.

The same patient commented that often in his dreams there is an atmosphere of a large, immense space with diminutive people huddled in groups in corners. Another dream:

> I am trying to cross a street. It is a busy street. I get down on my knees and am crossing the street when an enormous bus nearly runs into me. When I get to the other side, I stand up and look around. But nobody has noticed me at all.

A third dream expressed his feeling that he *has* to be small, since there is no room for him.

> I am in my parents' bed. My father is taking up a great deal of room, but my mother urges me to come next to her, where there is a small space. I go there, and then feel my father disapproving. I go outside and walk around for a while, and then return. This time my father is taking up more of the bed. There is no room at all for me. Thinking I have nowhere to go and that the dream has nowhere to go, I awake.

Feelings of smallness which come up repeatedly in the analytic material can thus be linked to actual size in the analytic situation: the patient feels me to be large and experiences his smallness by comparison to me. Furthermore, he experiences

the differences in size as a confirmation in fantasy of his feelings of insignificance, of having been and being continually overlooked and diminished. His struggles to assert his own importance run into oedipal obstacles, and he feels himself to be dangerous. To control his rage and feelings of being dangerous, he relies on others to "put him down," as in this last dream he feels that room for him in the bed is taken up by his father, and he has nowhere to go. Applying this to the dynamics of size and his size anxiety, it seems plausible that he "belittles" himself continually, both as an expression of helplessness and a wish to be helped, and as a defense against the rage against his father and other "large men" (like myself) who deprive him even of small spaces, who stand in his way and push him out. Not surprisingly, the ends of sessions were always very difficult for this man, as were all separations.

Consider also a clinical vignette and dream published by Hanna Segal (1991, p. 71). During a weekend break, the patient dreams: "He was with Mrs Small. She was in bed and he was either teaching or treating her. There was also a little girl (here he became rather evasive), well, maybe a young girl. She was very pleasant with him, maybe a little sexy. And then quite suddenly someone removed a food trolley and a big cello from the room." According to Segal, it was not the first part of the dream that frightened him but the second. After a very short (sic) consideration of associations, Segal concludes: "By changing me into Mrs Small, he had lost me as the internalized organ with deep resonance. The cello represented the mother with deep resonance, the mother who could contain the patient's projections and give a good resonance; with the loss of this organ there was an immediate concretization of the situation. On Saturday night, he belittled me, as is shown by his changing me into Mrs Small in his dream. This led to the loss of the cello ('one of the biggest instruments around')."

In this example Segal makes no mention of physical bodies (relative physical sizes). Instead she zeros in on the large cello as compensatory. It seems to me, however, that smallness and

largeness may have resonances in this patient's fantasies which need further exploration and analysis. Is there not a more complex situation here than Segal would lead us to believe, one which entails shame defenses against size anxiety? Is it not clear from the material presented that dreaming about the analyst as Mrs. Small (a "Kleinian") is indeed a scornful belittling? And even if it is, why should scornful belittling lead to dreaming of a large cello? Might the dream not be an attempt to reduce the analyst to the same psychic size as the patient, to make her equal in the eyes of one who himself feels small? If the patient experiences anxiety over differences in size between himself and Segal, how is such anxiety dealt with? The contrast small person/large instrument would seem to suggest phallic and other possible avenues of exploration which would go along with the sexual allusions in the dream. More often than seems to be recognized in the literature, anxiety over the size of breasts and/or penis is a form of size anxiety.[8] In sum, the interpersonal character of size anxiety and of psychic size appears to be missing from the interpretations provided, as do the unconscious fantasies about smallness and largeness and what these mean to the patient.

Finally, Ferenczi (see Dupont, 1988, p. 128) speaks about size anxiety in his discussion of a female patient who, in a dream, "saw ghosts of people, approaching her, as much larger than the people were in reality" (*ibid.*). Ferenczi related such magnification to "a simultaneous dilution of that person" (*ibid.*). The transformation of size in the dream suggests a lack of boundaries; the environment becomes so plastic that the contours of the person disappear. Then Ferenczi makes one of those observations which clinically is so astonishing, in part because there is nothing leading up to it or following from it. He links healthy narcissism with a stability in what I have termed psychic size.

[8] Castration anxiety can be related to size anxiety, particularly with respect to the size of penis, breasts, or any body part felt to represent them. For a recent review of the literature on castration anxiety, see Rangell (1991).

Conversely, he suggests that pathological narcissism may be related to an instability in psychic size.

> The narcissism that is indispensable as the basis of the personality, that is to say the recognition and assertion of one's own self as a genuinely existing, a valuable entity of a given size, shape and significance—is attainable only when the positive interest of the environment . . . guarantees the stability of that form of personality by means of external pressure, so to speak. Without such a counterpressure, let us say counterlove, the individual tends to explode, to dissolve itself in the universe, perhaps to die (pp. 128-129).

Applying these remarks to our notions of psychic size and size anxiety, it would appear that the experience of being a body of a given size, weight, shape, and significance, stable when compared to other bodies of different sizes, is an important index of psychic health and ego strength. Furthermore, these body experiences of stable psychic size are dependent upon stable object relations, upon the experience of significant others and internal objects whose existence and love can be relied upon as a sort of "counterlove" to keep the individual from exploding, to protect him or her from pathological narcissism, and to maintain the shape of experience.

In this paper I have sought to define and describe size anxiety and psychic size as fundamentally interpersonal; and to make some small contribution to the not inconsiderable subject of psychic size, size anxiety, and shame in the transference, in the analytic situation, and in all therapeutic encounters.

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An Artist's Defense Against the Fear of Loss of Creativity Toward the End of Life

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AN ARTIST'S DEFENSE AGAINST THE FEAR OF LOSS OF CREATIVITY TOWARD THE END OF LIFE

BY MILTON VIEDERMAN, M.D.

A creative artist in his mid-sixties had a strong desire to own and carry with him a drawing by Picasso—a self-portrait done three days before his death. The drawing created a sense of calm in the patient, such as had never occurred before with the possession of an object. An apparent preoccupation with death might have obscured the primary concern of the artist, which was about the loss of creative power, and it was for this reason that he wanted to possess the drawing. The idea that this might be viewed as a transitional object at the end of life is discussed.

A highly successful, sixty-five-year-old artist in dynamic psychotherapy came to a session one day from an auction exhibition where he had seen a drawing by Picasso, a self-portrait said to have been done just a few days before his death (Figure 1, p. 696). It was Picasso's last creative effort. Although the patient was advised by consultants that the price was high, he experienced a strong desire to own this drawing. "This is a magnificent work, the eyes are so lucid. Though they exude the fear that Picasso experienced with increasing deterioration and approaching death, there is tremendous power. I felt an extraordinary calm as I looked at this drawing. I must have it. I'll design a case to put it in so that I can carry it with me wherever I go. It makes me feel calm in a way that no other object has ever done.

I would like to express my appreciation to Ms. Susan Cartwright and Ms. Helen Bitterli for their help in arranging permission for the publication of the Picasso drawing.

A reproduction would not do the same thing. I need direct contact with the artist who created it."

Shortly before this, the patient had returned to treatment in the context of a mild-to-moderate depression that had followed his father's death and was associated with concern about his own health and possible deterioration, although he remained highly creative. A theme that pervaded the material at the time of his discovery of the drawing and the wish to possess it had to do with preoccupation with his creativity and its central importance in his life. In response to my comment about this, he expressed a concern about his creativity and how long it would last. He had thought of his son's death in a automobile accident two years before, and he remembered how he himself had tempted death on a number of occasions by taking his hands off the steering wheel of a car with his eyes closed. Twice in the months before he returned to treatment, he had had moments of being tempted by death. Once he had thought of playing Russian roulette. On another occasion he had experienced the impulse to jump off a balcony at a luncheon celebrating an important commission. There were no other immediate or apparent precipitants, and the patient was not profoundly depressed. The impulse had seemed to emerge from nowhere, and yet he seemed to welcome death. Particularly distressing to him was the fact that he had never confronted his father about the father's early experience with his mother, nor had he been able to ask him about the nature of their relationship, which seemed to parallel aspects of his own marital experience.

It was after the patient expressed the wish for the drawing that his thoughts had turned to concern about his creativity and then to the initial encounter of his parents. Clearly, he was trying to understand more about his origins. His father, the only son of a wealthy family, had fallen passionately in love with a laundress, the patient's mother. He had maintained a liaison with her unbeknown to the family. The patient had been the product of this liaison and had been born five years before his parents married. He had the fondest memories of hotels ever

since the day of his parents' marriage in a hotel, which he remembered vividly. The patient spoke of rage at his father after his mother's death twenty years before because the father had destroyed his correspondence with his wife in their early years. In particular, the patient regretted not having his father's initial letter requesting a rendezvous, which was written in an elegant, old-fashioned, and discreet way. The patient had felt that this letter belonged to him. The re-emergence of his rage at the memory of the loss of that love letter in the context of his intense feelings about the drawing suggested an important connection to the mother and to his origins.

DISCUSSION

The apparent concern about death may be viewed as secondary to the more basic anxiety of this artist about a loss of creative power. Particularly interesting is his use of a work of art to defend himself against this fear. Might this be viewed as an unusual variant of a transitional object (Winnicott, 1953)? Although I cannot speak with absolute assurance in this regard, there are similarities of function that are evident, and differences as well. The drawing did not have the softness and gentleness of something that one could bring close to one's lips. But for the artist, the eyes are the enveloping mode of sensory perception. To see the drawing was to be in contact with it, and its presence was calming. The drawing has special characteristics. It is a self-portrait of a creative artist deteriorating and approaching death. Yet it is a living portrait that confronts reality and sees it for what it is, defying disintegration and maintaining life in the form of a creative process. Lucidity and fear characterize that vision, and that vision affirms the power of the creative artist. Unable to depend upon objects who abandoned him through death, as did mother, father, and son, the patient establishes a symbolic connection with an object that he can possess, just as he unsuccessfully sought comfort in the wish for

possession of the letter that concerned his origin, the first letter of father to mother, a letter that signaled union.

As one examines the drawing, certain features become apparent. The overall configuration suggests a sculpture carved in stone and a skull as well. Yet this head is insecurely fixed on the base with no obvious attachment, unstable and ready to tumble. The eyes dominate the image and are repeated in the form of the nostrils. Only the nose has a fleshy quality and this takes on the form of a ghost-like, shrouded, hooded figure, with the eyes as a prominent feature. The specter of death and the terror of death haunt the figure, and yet the drawing remains extremely powerful, clear, and assertive. One senses that even in his final moments, Picasso's power remains undiminished. Though terrified of death throughout his life (Viederman, 1993), Picasso at the end stares death in the face and achieves symbolic immortality.

The themes of death and concern about creativity were central aspects of the patient's return to treatment and were in his thoughts on the day he described the drawing. His flirtation with suicide revealed his temptation to see death, in particular to master it and to encounter it before loss of creative power. In this, he identified with his dead, daredevil son. The patient had little manifest anxiety about death. Moreover, he had no evident anxiety about sexual prowess. He was continuing to live a full and vigorous sexual life and was quite comfortable with it. Hence the calm was not related to the use of the drawing as a fetish to protect against sexual anxieties. Yet he had been preoccupied in the session with both his father's death and his son's death. His thoughts returned to his origins, to his concern about the first encounter between father and mother, and to his profound regret and anger at having lost another possible transitional object, the first letter that father had written to mother. From nothing he had emerged to form the attachment to mother and to nothing he would ultimately return. He hoped to be the possessor of an object that would decrease the pain of

separation and oblivion. This symbol of the continuing creative power of the artist with whom he identified reassured him of his own continuing creative potential in the face of illness and advancing age; it offered a link to another creative artist who lived on through his work in symbolic immortality.

If one views the drawing as a transitional object, this anecdote may be of special interest because of the light it sheds on the role of creativity in the choice of a transitional object. Greenacre (1969) speaks of the use of the transitional object as a companion with which to meet the unknown. This was explicit in the patient's description of the comfort that the drawing would offer if he kept it close. In the situation of my patient, the drawing might be viewed as a movement toward a reunion with the mother or some world force that would decrease the pain and isolation of loneliness and separation implicit in the threat of impending death.

Brody (1980) alludes to the creative act implicit in Winnicott's initial statement, a theme familiar to a number of authors (Grolnick and Lengyel, 1978; Modell, 1970; Rose, 1978). This was of special importance in my patient who was more concerned about decreased creativity than about death itself. The following authors present somewhat related views.

Weissman (1971) speaks of the inseparable relationship between the artist and his or her created object, which he sees as derivative of early object relations and, in particular, transitional objects or what Greenacre (1969) described as collective alternates. Weissman sees these collective alternates as newly created objects that persist throughout the lifetime of the creative person and act as a substitute for object relations. Grolnick and Lengyel (1978) discuss the ego's capacity to suspend reality testing in artistic creations. The artistic object is a creative illusion which bridges the inner state and the outer reality, and minimizes undue separation.

According to Modell (1970) the paleolithic artist who uses "magical thought, which mitigates separation anxiety, makes no

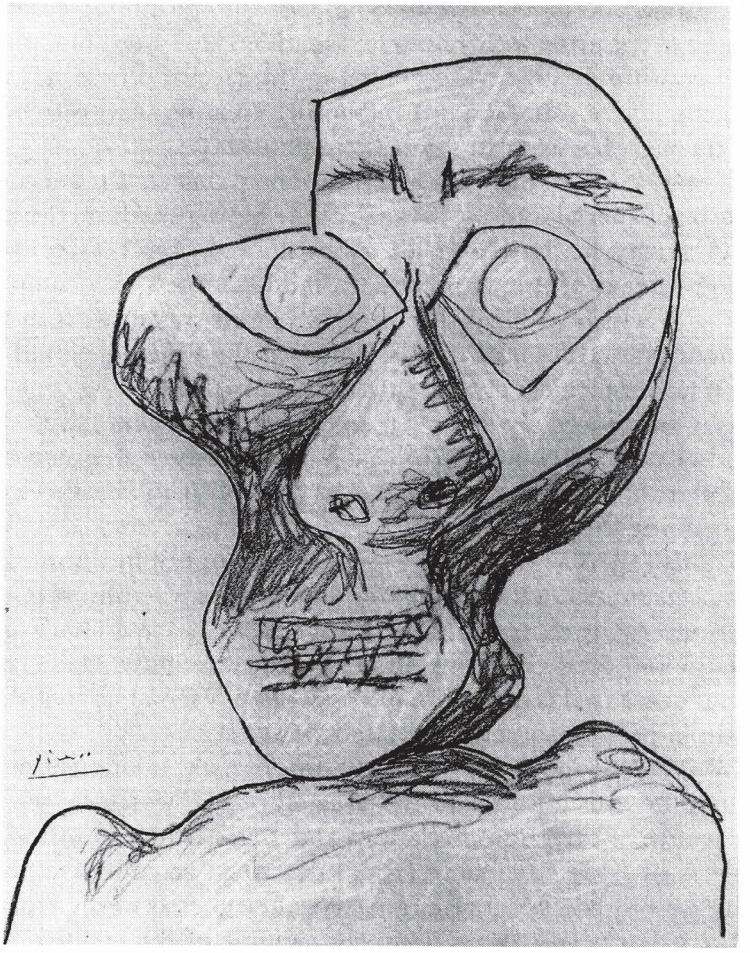

FIGURE 1. Pablo Picasso. *Self-Portrait*, 1972.

distinction between human and inanimate objects. The illusory sense of connectedness between the child and his transitional object is analogous to the illusory connection between the creative symbol of the paleolithic artist and the real object that the

symbol denotes" (p. 243). This denial of separation, this illusory connection that my patient made between the drawing and the creative artist was a connection rooted in creativity and thereby a connection to life and to the life of the artist Picasso, whom he had known. The denial of separation could be seen as analogous to a denial of death. This, then, would become the inverse of the child's first object relationship, a permanent, last object to defend magically against anxiety.

Rose (1978) emphasizes that reality is created by rather than imposed upon the human being. Its discontinuous, fragmented, and chaotic disorder is organized and created by the human. Rose develops a concept of the transitional process with the view of the transitional object as a bridge between the familiar and the disturbingly unfamiliar to protect against the separation from mother. He postulates that the transitional object gives way to a transitional process, which is a constant mode of adult behavior in which a dynamic self and a changing reality each shape the other, creating an *Umwelt* which is a selective reality. "The creativity of everyday life resides in the power of the ego to differentiate, abstract and reintegrate in the service of mastery." This is the "essential bridging action of the transitional process" (p. 355).

To the patient's regret, the drawing was sold to another for a price far above the estimate.

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Bernfeld's "The Facts of Observation in Psychoanalysis": A Response From Psychoanalytic Research

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BERNFELD'S "THE FACTS OF OBSERVATION IN PSYCHOANALYSIS": A RESPONSE FROM PSYCHOANALYTIC RESEARCH

BY JOSEPH WEISS, M.D.

In his 1941 article, "The Facts of Observation in Psychoanalysis," Siegfried Bernfeld wrote that observing the sequence of events leading up to and following the patient's confessing a secret is important for psychoanalytic theory. The patient's confessing a secret may follow a comment by the analyst that clears away the obstacles to the patient's confessing by creating an encouraging atmosphere and reducing the patient's shame or distrust. Bernfeld believed that the study of this sequence would be fruitful for the development of psychoanalysis. His article now seems prescient. Members of the San Francisco Psychotherapy Research Group have used formal empirical methods to study Bernfeld's thesis, and we have found strong support for his assumptions.

In his paper, "The Facts of Observation in Psychoanalysis" (1941), Siegfried Bernfeld wrote that observations of the behaviors of the patient leading up to and following a confession of a secret are pertinent to the science of psychoanalysis. Bernfeld suggested that the study of this sequence through research methods would be a useful way of developing the science of psychoanalysis. He described the patient's behavior before, during, and after the confession of a secret as comprising five observable phases:

1. The patient displays his or her usual behavior.
2. The patient behaves as though hiding a secret.
3. The analyst intervenes, thereby clearing the way of obstacles to the patient's confessing the secret.

4. The patient confesses.
5. The patient resumes his or her usual behavior.

Bernfeld illustrated this sequence with an example from everyday life:

> A friend telephones and says he wants urgently to see you. He comes. The conversation starts vividly, but you feel that what he is talking about is not what he came to talk about. To your direct question, he replies unconvincingly that there is no special reason for his calling on you. Thereupon the conversation becomes heavy. By chance you notice that the door of the room is open and automatically you close it. 'By the way', says your friend, 'would it be possible for you to lend me $10.00? But please don't tell anybody' (p. 344).

Bernfeld explained that in "closing the door you created an encouraging atmosphere" (*ibid.*), for you ensured your friend the confidentiality he desired.

In general, Bernfeld continued, the obstacles to confessing are not external but internal, "as when distrust or shame obstructs the confession. Then the removal of the obstacle will not consist in changes of the environment, but in attempts [by the analyst] to induce confidence or to dissipate shame" (p. 345).

Bernfeld used the following example to illustrate the analyst's use of a verbal intervention to reduce the patient's shame so that the patient could make a confession. The patient talks about a party at which Mr. X, a friend of the analyst, is mentioned. The patient's account of the remarks made at the party about Mr. X are obviously incomplete. The analyst assumes that the patient is afraid of being considered a gossip, so he reminds the patient that it is his duty to report things which in ordinary life would be considered gossip. The patient responds by telling the analyst of certain unfriendly gossip about Mr. X which was previously unknown to the analyst.

The examples that Bernfeld gave are of secrets that are conscious or close to consciousness. However, he clearly believed that with the removal of obstacles, not only conscious secrets but

also unconscious repressed secrets may emerge, for it is with such secrets that psychoanalysis is mainly concerned.

The Study of Bernfeld's Observations by Formal Empirical Methods

Bernfeld's observations were prescient. Harold Sampson, the San Francisco Psychotherapy Research Group (formerly the Mount Zion Psychotherapy Research Group), and I have been using formal empirical methods to study the sequence of events leading up to and following the patient's confession of a secret (Weiss, et al., 1986; Weiss, 1993a, 1993b).[1] Our findings support Bernfeld's observations and also his suggestion that the detailed understanding of this sequence throws light on the science of psychoanalysis. We found as Bernfeld assumed, that patients feel relieved by the intervention of the analyst that precedes the telling of the secret. It assures the patients that the analyst will not react unfavorably to the confession, thereby helping them to feel safe enough to confess.

This finding, which is consistent with Bernfeld's observations, suggests that patients want to make the confessions as part of working to overcome the sense of shame, guilt, fear, or expectation of external danger that impedes their efforts to seek certain desirable goals. However, they are reluctant to tell their secrets for fear they may endanger themselves. They fear that the analyst will react unfavorably by shaming them, making them feel guilty, punishing them, rejecting them, etc. If the analyst behaves in a way that relieves the patients' shame, guilt, or mistrust, they may feel safe enough to make the confession.

The idea that patients want to confess may be illustrated by Bernfeld's two examples. The man who came to borrow money wanted to make his wish to borrow money known but was

[1] Our research has been supported by National Institute of Mental Health Grants Nos. MH-13915, MH-34052, and MH-35230. Also, we have received administrative help and financial support from the Mount Zion Hospital and Medical Center, and we have received grants from the Fund for Psychoanalytic Research, the Broitman Foundation, and the Miriam F. Meehan Charitable Trusts.

ashamed to do so until the closing of the door made it safe. The patient who had heard gossip about the analyst's friend wanted to tell the gossip but feared the analyst would look down on him for doing so. He did so, however, after the analyst assured him that it was his duty to tell things that ordinarily would be considered gossip.

Our research emphasizes, even more than does Bernfeld's clinical observation, the patients' wish to confess. We found that in many instances patients, in preparation for telling a secret, work to assure themselves that they may safely tell it. They test the analyst in order to assess in advance how the analyst will react to the secret, hoping to assure themselves that the analyst will not react unfavorably. Our research findings indicate that while testing the analyst, patients feel anxious, for they fear the analyst may fail the test. After the analyst passes the test, patients feel calmer, less defensive, and less anxious, and they continue to feel that way while making the confession.

In our research we have found that patients test the analyst much as one person tests another in everyday life, and that the members of our research group can agree about when patients are testing and what they hope to learn about the analyst by the testing. An example may make the testing process clear.

A patient who wants to be assured of the analyst's interest may test the analyst by threatening to quit treatment. While threatening to quit, the patient is anxious and fears the analyst will permit the ending of treatment. After the analyst passes the patient's test by indicating either through interpretation or through another kind of intervention that the analyst hopes the patient will continue, the patient may feel relieved and become measurably calmer and less anxious. Then, knowing that the analyst does not agree to stopping treatment, the patient may confess that he or she feels undeserving of therapy. In the sequence in which the patient tests the analyst, the series of observable events contains one more step than the sequence Bernfeld described:

1. The patient displays his or her usual behavior.
2. The patient demonstrates conflict about continuing his or her line of thought and is anxious.
3. The patient tests the analyst, continuing to be anxious for fear the analyst will fail the test.
4. The analyst passes the test by an intervention or interpretation.
5. The patient feels safer, becomes calmer, less anxious, defensive, and inhibited, and makes the confession.
6. The patient resumes his or her usual behavior.

Our research also supports the conclusion that the process leading up to the patient's confessing may take place unconsciously. This finding is important, for it supports the hypothesis that patients unconsciously want to confess secrets and unconsciously are able to assess when they may safely do this. Moreover, this finding indicates that the patient exerts considerable control over her or his unconscious mental life. Patients may unconsciously devise and carry out tests of the analyst as part of their working to be assured that it is safe to confess. If they unconsciously decide it is safe, patients may lift their repressions and bring the secret to consciousness.

In this discussion of our findings, I have used Bernfeld's terminology: suppressed or repressed material is called secrets; bringing forth this material is confessing. This terminology captures something important about the analytic process. However, a more general terminology is sometimes preferable. Warded-off material may not always be shameful secrets in the usual sense. For example, a patient may ward off pride or a sense of competence for fear of challenging the analyst, or she or he may ward off a life goal for fear the analyst would disapprove of this goal. An affect such as love for the analyst may be warded off for fear of seducing the analyst or of being rejected by the analyst. Memories of traumatic experiences could be warded off for fear the analyst will not help to master them, and so forth.

Freud's Views

Our findings concerning the patient's unconscious wish to confess secrets and her or his unconscious control over mental life are not consistent with Freud's theory of therapy as presented in the *Papers on Technique* (1911-1915). However, they are consistent with concepts that Freud developed piecemeal in his late writings as part of his ego psychology, which, in my opinion, strongly influenced Bernfeld's thinking. In these, Freud wrote of the unconscious wish for mastery (1920, pp. 32, 35) and of the patient's working unconsciously with the analyst to achieve mastery (1937, p. 235).

Freud also wrote of patients' unconscious control of repressions (1940, p. 199). He stated that patients may keep unconscious mental contents repressed as long as they unconsciously believe they would be threatened by their coming forth. They bring them forth once they unconsciously believe that they may safely do so (*ibid.*) Freud even introduced the idea of unconscious testing. He assumed that before unconsciously carrying out a proposed course of action patients may attempt by "experimental actions" to determine whether they may safely carry it out (*ibid.*).

Since Freud, a number of analysts have expanded on these ideas. Kris (1950, 1951, 1956a, 1956b) wrote about the patient's capacity to bring repressed contents forth without their being interpreted. Sandler and Joffe (1969) wrote about the patient's capacity to regulate repressions in accordance with anticipation not only of danger but also of safety. Rangell (1968, 1969a, 1969b, 1981a, 1981b) and Dewald (1976, 1978) have discussed the role of unconscious testing. Rangell stated that the patient unconsciously tests the analyst, and the analyst may unconsciously fail or pass the patient's tests.

The idea that the patient may assess the environment unconsciously and act on this assessment is supported by cognitive research, which indicates that a person can unconsciously make such assessments and act on them much more rapidly and effi-

ciently than he or she does consciously (Dorpat, 1992; Lewicki, et al., 1992).

Crying at the Happy Ending

Before presenting a more detailed description of our research, I shall illustrate the concept of unconscious control by an everyday example. The following example, which is an instance of crying at the happy ending (Weiss, 1952, 1993a; Weiss, et al., 1986), is similar to Bernfeld's, in that an external change makes it safe for a person to experience something that was suppressed.

A mother has lost her child and is searching for him. While searching, she suppresses or lightly represses her sadness. To fully experience her sadness would hamper her in her search. When she finally finds her child, she bursts into tears. After she finds him, she no longer has reason to suppress her sadness and so can safely permit it to come forth.

In this everyday episode, the mother's sadness was not deeply repressed. However, a person may bring forth deeply repressed sadness once she unconsciously becomes assured that she may safely experience it. For example, a patient in analysis who felt rejected as a child tested the analyst in the fourth year of treatment by threatening to terminate. She carried on this test for months. Despite all the patient's objections, the analyst urged her to continue. The patient finally became convinced that the analyst was not simply being dutiful. She began to believe that he really wanted to keep seeing her. She then agreed grudgingly to continue. A few days later she burst into tears and brought forth a very painful memory of maternal rejection and neglect. The rejection had been so severe that the patient had concluded that her mother wanted her to die. The analyst, by urging her to continue, had provided the "encouraging atmosphere" that Bernfeld wrote about. He helped the patient to feel safe. She unconsciously decided that she could bring forth the sad epi-

sode of maternal rejection, which she had not thought about for many years.

A patient's permitting herself during treatment to weep over past disappointments is often an indication that she has begun to feel safer with the analyst.

Examples of Patients Confessing Secrets after Being Helped To Feel Safe

My examples, like Bernfeld's, will be brief and schematic. They are intended as illustrations of my approach, not as evidence for it. For evidence I rely on formal research, which will be presented later. Bernfeld did not assume, nor do I, that every time the patient is helped to feel a little safer, he or she will confess a major secret. However, when the patient does confess such a secret, it is because the therapist (or some significant event in the patient's everyday life) has helped him or her to feel safer.

In some cases the patient will feel safe enough to make a major confession only after the therapist has made a certain helpful intervention numerous times; in other instances, only after the therapist has passed a powerful test. In the case presented above, the therapist did both of these things. He repeatedly urged through interventions that emphasized the patient's fear of rejection that she should continue in treatment. For example, he told her that she was considering terminating in order to reject the therapist before he rejected her. He also told her that she had inferred from her parents' rejecting her that she did not deserve to receive much help. In several instances, after the therapist made an interpretation of this kind, the patient became a little more relaxed, a little more insightful. However, she did not make a major confession until the therapist passed a powerful test by urging her to continue in the face of her strongly stated intention to stop in a few days. It was after this that the patient showed relief, agreed to continue treatment, and produced a painful memory of her childhood.

A similar example occurred in the analysis of a patient who had felt unprotected in childhood and who had inferred that he did not deserve protection. He tested the analyst by frequently reporting having unsafe sex, seriously risking the possibility of getting AIDS. On numerous occasions the therapist interpreted the patient's self-destructiveness. Then, after one occasion when the therapist was particularly forceful, the patient confessed that his parents had repeatedly failed to protect him from being bullied by older children in the neighborhood and from sexual abuse. The therapist's protecting him gave him a sense of security and also the feeling that he deserved to be protected. This made it safe for him to remember his parents' failure to protect him.

Another example concerned a patient who could not decide whether to marry his girlfriend. The patient had described her as appropriate, attractive, and fond of him. However, he complained that he was not intensely excited by her. A crisis developed when the girlfriend, tired of the patient's indecision, insisted that he decide whether or not to marry her by a certain date. In his interpretations the analyst had indicated subtly that he thought the patient should marry the girlfriend. After discussing the case with a colleague, the analyst told the patient that the decision was entirely his (the patient's), adding that he would simply try to help the patient to figure out what he genuinely wanted to do. The patient reacted by weeping and remembering more about his father's making him comply with his unreasonable, severe stepmother. A short time later he decided to leave the girlfriend.

Still another example concerns a patient who, when feeling depressed, had occasionally urged the analyst to talk to her on the telephone. The analyst did not consider this necessary and consistently refused. Then, on one occasion, reacting to a change in the patient's tone (she seemed less strident and more genuine in her request), the analyst agreed to talk to her. The next session the patient brought forth a new memory: when she was eight, shortly after her mother had died, she lay in bed,

trying to wish her mother back and feeling helpless that she could not. The analyst's responding when she called had made it safe for her to bring forth the painful memory of her mother's not coming back.

My final example concerns a patient who entered analysis unconsciously afraid that she would submit to the analyst and then believe false interpretations or follow bad advice. She attempted to overcome this danger by persistently disagreeing with the analyst, and the analyst helped her by interpreting her fear that she would have to comply with him. After one such interpretation, the patient brought forth a secret sexual fantasy of being spanked by the analyst. She could acknowledge a sexual fantasy of submission to him when she had reassured herself that in reality she would not feel compelled to submit.

Research on the Effects of the Analyst's Interventions

We have used formal research methods to study patients' reactions to interventions that we assumed would clear away the obstacles to their bringing forth new material, that is, to their confessing. According to our approach (Weiss, et al., 1986; Weiss, 1990, 1993a, 1993b), the major obstacles stem from unconscious beliefs (termed by us "pathogenic") which warn patients that if they experience certain mental contents or seek certain goals, they will put themselves in danger. They repress such mental contents and goals in obedience to these beliefs. They bring forth the repressed material and move toward the inhibited goals when they are helped by the analyst's interventions to realize that their pathogenic beliefs are false and the dangers (including painful feelings of shame and guilt, and the expectation of severe punishment) they fear are not real.

Caston (1986) studied the question suggested by Bernfeld: Does the patient become more insightful after being offered interventions, including interpretations calculated to remove

the obstacles to gaining insight? Caston used transcripts of the analysis of Mrs. C, whose treatment had been transcribed for research purposes. This material enabled Caston to determine with considerable precision: (1) the level of insight in the segment of the patient's speech immediately before an intervention; (2) the value of the intervention for clearing away the obstacles to the patient's bringing forth repressed material; and (3) the level of insight in the patient's speech segment immediately after the intervention.

Caston was able to detect shifts in insight that the clinician would not be likely to notice. He found that Bernfeld's assumption held up. The patient reacted to an intervention that our judges assumed would help her to feel safer by immediately becoming bolder and more insightful.

Using an ingenious method reported elsewhere, Caston (1986, pp. 241-255) demonstrated from a study of the first ten sessions of Mrs. C's analysis that independent judges could agree on a formulation of her personality and problems. This formulation included statements about her goals, her pathogenic beliefs, the insights she would be likely to produce as she succeeded in changing these beliefs, and the tests she would be likely to put to the analyst in her efforts to change them.

Here is an abridged version of the formulations about Mrs. C similar to the one given to the judges:

> Mrs. C is a social worker who was twenty-seven years old when she came into analysis. She came primarily for sexual problems: she was unable to have orgasms during intercourse. She had an obsessive-compulsive character disorder. Mrs. C was burdened by an omnipotent sense of responsibility for her parents and siblings. She believed that if she were strong and independent with her family or with others, or if she were demanding of them, she would hurt them. She was afraid that she could push others around. She unconsciously wanted to acquire a capacity to be flexibly strong and oppositional. Mrs. C should benefit from interventions that would reassure her

that she could safely be independent with the analyst and with others, or that she could safely be critical of them, disagree with them, or withhold from them.

Caston now used this formulation to have independent judges rate each of the analyst's interventions during the first hundred sessions of Mrs. C's analysis according to whether and to what extent Mrs. C could use it to clear away the obstacles to confessing. Caston found that our judges' ratings of interventions were in considerable agreement—that is, they were reliable.

Caston's next step was to have a new set of judges use two scales to assess the speech segments just before the analyst's interventions and those just after them. One scale was to measure Mrs. C's insightfulness in these segments. This scale took account of the extent of Mrs. C's insights, the significance of the themes which she was insightful about, and the degree to which the insights implied integration. The other scale, the boldness scale, measured the degree to which Mrs. C confronted significant personal issues. The judges given the speech segments were not told where they occurred in the analysis or whether they came before or after the analyst's interventions. Caston found that the judges' ratings were reliable for both the boldness scale and the insightfulness scale. He also found that ratings for boldness correlated very highly (.9) with ratings for insightfulness, even though both scales were applied by different sets of judges.

Caston was now in a position to determine how Mrs. C reacted when offered an intervention that we judged would help her to feel safer. He correlated the degree to which Mrs. C's insightfulness and boldness shifted from just before to just after the analyst's interventions with the degree to which the interventions were rated as likely to help her to feel safer. He found that she reacted to good interventions by becoming bolder and more insightful and that this finding was statistically significant.

Caston also tested a hypothesis not taken up by Bernfeld, namely, that Mrs. C would react to poor interventions by be-

coming less insightful and less bold. This hypothesis was not upheld. Apparently, Mrs. C was helped by good interventions but not set back by bad ones.

Research on the Patient's Testing of the Analyst

In our research on the patient's testing of the analyst we studied one particular kind of test in which Mrs. C made an explicit or implicit demand on the analyst (Silberschatz, Sampson, and Weiss, 1986). As stated earlier, she was reluctant to be oppositional to her parents or others or to make demands on them. She feared she would hurt them or force them to yield to her. In the analysis, too, she was reluctant to be oppositional or demanding.

Silberschatz reasoned that Mrs. C would attempt to overcome her fear of making demands by testing the analyst. She would be demanding, and she would experience the analyst as passing her tests if he did not seem hurt or angered by her demands and if, while remaining calm, he did not yield to them. To test this hypothesis, Silberschatz took the following steps:

1. He had judges isolate from the first hundred sessions of the transcripts of Mrs. C's analysis all the speech segments in which she made significant demands on the analyst. These were demands in which, according to Silberschatz's hypothesis, Mrs. C was testing the analyst.

2. He had another set of judges determine whether and to what extent the analyst passed these tests by remaining calm and unyielding to Mrs. C's demands. These judges were given the speech segments in which Mrs. C made the demands and the analyst's responses to them but not the speech segments following the analyst's reactions.

3. He had several other sets of judges assess the patient's speech in segments just before the analyst's responses to the test and just after the responses. These segments were assessed by a variety of measures, each of which was scored by a different

group of judges. Segments were given to the judges in random order, without context; nor were the judges told whether a speech segment occurred before or after the analyst's response.

One scale used to assess Mrs. C's speech segments, namely, the experiencing scale, measures the degree to which the patient experiences what she is saying. A high experiencing rating indicates nondefensiveness, and it is strongly correlated with insightfulness (Fretter, et al., 1989). Another scale, the boldness scale, developed by Caston, was shown by him to be highly correlated with insightfulness.

4. Silberschatz correlated the degree to which the analyst passed the patient's tests with the shift in the patient's affects and behavior as determined by the various scales. He found a significant positive correlation between the analyst's passing the patient's tests and the patient's shifts in her levels of experiencing, boldness, and relaxation, and a significant negative correlation with the patient's shifts in her levels of fear and anxiety.

Silberschatz's findings support the hypothesis that, by her demands, Mrs. C was testing the analyst, rather than seeking gratification from him. Had she been seeking gratification, she would have become more anxious and less relaxed when the analyst frustrated her demands, rather than less anxious and more relaxed, as Silberschatz found. Silberschatz's findings also indirectly support the assumption that after a passed test the patient may become more insightful. Mrs. C's levels of experiencing and boldness both increased significantly after a passed test, and both are highly correlated with insightfulness.

Caston's and Silberschatz's pioneering research studies have been replicated and enlarged upon in numerous subsequent studies. These studies support the hypothesis that patients bring forth previously warded-off contents when they are helped by the analyst or therapist to decide that they can safely do so (Broitman, 1985; Bush and Gassner, 1986; Curtis and Silberschatz, 1986; Fretter, 1984; Fretter, et al., 1989; Kelly, 1989; Linsner, 1987; Silberschatz and Curtis, 1986, 1993; Silberschatz, Fretter, and Curtis, 1986; Weiss, 1993a, 1993b).

The Independence of the Analyst's Interpretations from the Content of the Secret

In his article, Bernfeld (1941) made the point that the analyst's diagnosis of the obstacles to the patient's confessing may be independent of the content that the patient eventually confesses. "[T]he exact content of the secret had been neither known nor guessed. As usually happens, it came as news to the analyst. . . . These communications are the facts to be observed, and the analyst gets them without illegitimately 'influencing them' " (p. 346). Here Bernfeld attempted to refute the persistent criticism of psychoanalysis that the analyst suggests the contents that the patient ultimately confesses.

In our research we have found support for Bernfeld's position. It is supported by the study carried out by Gassner, et al. (1982, 1986), in which they demonstrated that, in the case of Mrs. C's analysis, a number of previously repressed mental contents came forth without their ever having been interpreted or suggested by the analyst. Gassner and co-workers (1986) also demonstrated in the five-minute segments in which Mrs. C brought forth the previously repressed contents that Mrs. C was less anxious and that she experienced what she was saying more fully than in random segments. These findings were statistically significant and support the hypothesis that Mrs. C brought forth the previously repressed contents after she had been helped to feel safe by the analyst's matter-of-fact resistance interpretations and by his passing her tests by not yielding to her demands.

Another study supporting Bernfeld's position was carried out by Shilkret, Isaacs, Drucker, and Curtis (1986). They tested the hypothesis that as a consequence of working in analysis to master her problems, Mrs. C would become progressively more conscious of her sense of guilt, her omnipotent belief in her responsibility for others, and her exaggerated fear of hurting them. The investigators assumed that Mrs. C might accomplish this in the absence of interpretations. They found that she behaved in accordance with their hypothesis. "Mrs. C made progress to-

ward each new level of insight into her irrational fears of responsibility and guilt in advance of the analyst making an intervention at that level. It should be emphasized that the analyst rarely commented on the domain under consideration" (p. 214).

After completion of this study, the investigators discussed the analysis of Mrs. C with the treating analyst. They found that he had not included any reference to guilt or irrational sense of responsibility in his case formulation and that he had scarcely any interest in this area.

The Development of Insight

Bernfeld's view, as well as our research supporting it, throws light on the question: May insight occur as a consequence of a corrective experience which helps the patient to feel safe? This view, which was first stated forcefully by Alexander and French (1946), has been elaborated subsequently by other authors, including Kris (1956a, 1956b), Rapaport (1951, 1958), Sandler and Joffe (1969), and Rangell (1968). In my observation, insight may follow a corrective experience even in the absence of interpretation. However, the analyst's interpretations may play an important part in the patient's acquisition of insight, both by making the patient feel safe and by helping the patient to put into words self-understandings that previously were unconscious.

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Countertransference as Instrument and Obstacle: A Comprehensive and Descriptive Framework

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COUNTERTRANSFERENCE AS INSTRUMENT AND OBSTACLE: A COMPREHENSIVE AND DESCRIPTIVE FRAMEWORK

BY MARC-ANDRÉ BOUCHARD, LINA NORMANDIN, AND MARIE-HÉLÈNE SÉGUIN

A comprehensive and descriptive approach to countertransference phenomena is proposed. Three types of mental activity are distinguished: the objective-rational *attitude is an adaptive, relatively nondefensive mode of observation; the* reactive *mental state corresponds to the classical notion of unconscious countertransference as an obstacle and a defense; by contrast the* reflective *attitudes involve preconscious and conscious psychical activity. Reflective activity involves four phases: (1) during emergence, an inner reaction appears; (2) immersion, through a regressive exploration, leads to introjective identification; (3) integrative elaboration involves a shift in cathexis, more distance, and an organization of the regressed contents, while (4) an interpretation is forming in mind. Three case examples from the literature serve to illustrate.*

INTRODUCTION

Countertransference has generated such an impressive number of observations, descriptions, and interpretations that Bofill and Folch-Mateu (1963, p. 35) remarked that "countertransference could encompass the whole of psychoanalysis" (our translation). A profusion of often incompatible viewpoints has given rise to numerous controversies about the definition and the uses of countertransference. In this paper, we wish to demonstrate the clinical relevance of an integrative conceptual model of coun-

tertransference phenomena in an attempt to grasp the various viewpoints, not as mutually exclusive, but rather as describing sometimes complementary, sometimes contradictory mental states as part of the total process. Three examples drawn from analytic literature will be discussed to illustrate how these various facets of countertransference mental activity are integrated in clinical work.

Several detailed analyses of the historical evolution of the notion of countertransference have appeared (e.g., Abend, 1989; Orr, 1954; Racker, 1968; Slakter, 1987; Tansey and Burke, 1989). For our purposes the briefest recall of some of the major contrasting viewpoints will suffice. In 1910, Freud introduced the term "countertransference" for the first time, referring to "the patient's influence on [the physician's] unconscious feelings" (p. 144). In 1915, he warned that "the experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger" (p. 164). And he concluded that "we ought not to give up the neutrality towards the patient, which we have acquired through keeping the countertransference in check" (*ibid.*). As a result of Freud's founding contribution, countertransference was to be viewed almost exclusively as a hindrance, an *obstacle* to any progress in the course of treatment.

In contrast, in 1950, Heimann proposed to define "the term 'counter-transference' to cover all the feelings which the analyst experiences towards his patient" (p. 81). She took her argument even further when stating that "the analyst's countertransference is not only part and parcel of the analytic relationship, but it is the patient's *creation*, it is a part of the patient's personality" (p. 83). *No longer an obstacle, it became an instrument.*

Heimann's article was followed by an outpouring of publications on the subject. Conflicting viewpoints mainly opposed Kleinian and Freudian authors-clinicians (e.g., Gitelson, 1952; Racker, 1953, 1957; Reich, 1951; Winnicott, 1949). More recently, passionate theoretical debate gave way to the first elements of at least partial agreement. Now there is increasingly

widespread recognition that countertransference is an inevitable, omnipresent, and inherent characteristic of the analytic process, rather than an exceptional phenomenon (e.g., Atwood, et al., 1989; Mitchell, 1988; Renik, 1993; Stolorow, et al., 1987). Thus, many agree that two major trends mark the evolution of the much debated psychoanalytic ideas about countertransference. These trends are as follows.

1. The so-called "classical" approach (Freud, 1910, 1915), also termed the "narrow" (Bofill and Folch-Mateu, 1963), the "conservative" (Hoffman, 1983), or the "restricted" conception (Neyraut, 1974). Adhering closely to Freud's initial perspective, it defines countertransference as the analyst's unconscious reaction to the analysand's transference. In this view, countertransference is *an obstacle* to the progress of treatment and is always deemed to originate in the analyst's unresolved unconscious conflicts, the infantile neurosis.

2. The so-called "totalistic" approach (Kernberg, 1965), also termed the "broad" (Bofill and Folch-Mateu, 1963), the "radical" (Hoffman, 1983), or "comprehensive" (Neyraut, 1974) conception. Partly based on Kleinian postulates, it considers countertransference to be the entirety of the analyst's emotional reactions to the patient within the treatment situation (Heimann, 1950). Countertransference is here recognized as an essential *tool or instrument* of research into the patient's personality and an inescapable constant in every therapeutic interaction.

The main criticism leveled at the classical conception of countertransference is that it tends to minimize the importance of countertransference and to view it as being essentially negative, harmful, and reprehensible. This attitude has seemed to reinforce unavoidable self-censorship (the ego's superego activity), thereby leading to stronger repression of the analyst's emotional reactions and, as a result, loss of this major potential source of understanding.

The main criticism of the totalistic conception is that it is so broad that it leads to confusion. It tends to suggest that "everything is countertransference," thereby depriving the concept of

its specific meaning, and it threatens the analyst's neutrality by overemphasizing the significance of his/her subjective reactions.

The approach proposed here is an attempt to integrate these two major viewpoints into a coherent integrative overall vision, while presenting a precise description of the constituent elements, centered around the notion of categories of therapist "psychical activity" (Freud, 1912a, p. 266).

Three Types of Mental Activity in the Analyst

We propose that it is coherent and clinically relevant to distinguish three basic states of mental activities involved in countertransference. A Countertransference Conceptual Model (see Table 1, Appendix, pp. 740-743, adapted from Normandin [1991] and Normandin and Bouchard [1993]) suggests specific metapsychological hypotheses as to the nature of the diverse mental investments and adaptive or maladaptive regressions in the analyst, which relate to each phase of the process.

The first mental activity is an *objective-rational* attitude in which the analyst adopts a certain distance from the patient, but in an adaptive, virtually nondefensive manner, so as to occupy the position of a nonparticipating observer. The second type of mental activity is the *reactive*. In essence, this category corresponds to the classic view of countertransference as an *obstacle* and a *defense*, the outcome of an unconscious reaction (Freud, 1910, 1912b). The analyst is here more in touch with his/her own desires, conflicts, and defenses than with those of the patient. Three subcategories are presently defined within the reactive mode (See Table 1).

The third, or *reflective* mode, devolves from a preconscious and conscious type of psychical activity; close to Freud's description of the ideal analytic attitude of "evenly-suspended attention" (Freud, 1912b, p. 111), it has been associated with a working through of countertransference. The reflective mode involves the use of listening with the third ear for emerging

material (*emergence*, Reik, 1948), of trial identification (*immersion*, Fliess, 1942), and most important, of *elaboration* of concordant and complementary identifications in the countertransference as a central instrument in analyzing the conflicts activated in the analytic situation (Racker, 1968).

From Momentary Thoughts to Construction of the Therapeutic Space

Each category of countertransference psychic activity and mental process identified above (objective-rational, reactive, reflective) can be observed at levels of greater or lesser scope or complexity. Three levels may be identified: that of *momentary thoughts*, that of *points of urgency*, and, lastly, that of *therapeutic space* (Racker, 1968). The analyst's *momentary thoughts* are the most rapid, changing, and variable level of analysis. The *point of urgency* (Baranger, 1993; Baranger and Baranger, 1961; Klein, 1932, pp. 58-59) refers to: "the moment in the session when something is about to emerge from the analysand's unconscious" (Pichon-Riviere, cited in Baranger, 1993, p. 18). During the course of any given session, the patient (and the analyst as part of this field) might go through two or more *points of urgency* or transference situations. The *therapeutic space* concerns the integrative understanding of the broader matrix, the dynamic succession of points of urgency, from one session to the next, and even over a period of months or years.

CLINICAL ILLUSTRATIONS FROM PSYCHOANALYTIC LITERATURE

We will now draw closer to the clinical practice by examining examples from three different analysts who published accounts of specific countertransference experiences: Kernberg, Money-Kyrle, and Tower. Each will serve to illustrate different aspects of the "total" countertransference response. We will proceed by dividing up the original text and presenting it in successive sec-

tions, generally corresponding to the point of urgency, or intermediate level of integration. Each section will be analyzed in its microscopic elements (momentary thoughts) according to the perspective presented here, before being linked to the framework described above with regard to the modulation and construction of the therapeutic space. We make no claim that the understanding proposed here is the only one which could apply to this material.[1] Rather, we seek to illustrate the possible uses and relevance of our approach with regard to complex clinical situations.

First Example: an Acting Out That Solves an Impasse

The first situation is a well-known example provided by Tower (1956) in what has become a classic text on countertransference.[2] She described the following set of circumstances:

> I will begin with an example of a specific countertransference reaction with acting out. Many years ago a patient, referred after a near-psychotic reaction to an "analysis" with an untrained person, was utterly enraged at the referral because of the frustration of her claims upon the previous therapist. Week after week, and month after month, she raged at me in a vituperative manner, despite my having the greatest of patience with her. I endured a quantity of abuse from her, such as I have never taken from any other patient. At times, I would get irritated with the abuse, but mostly I rather liked the patient, was genuinely interested in helping her and was somewhat surprised at my ability to control my irritation with her. I eventually came to understand that what was for the most part a desirable therapeutic attitude, offered a certain countertrans-

[1] Although it must be said that in a context of research, judges can be trained and reach satisfactory agreements in their independent ratings of related material (e.g., Normandin and Bouchard, 1993).

[2] Patrick Fröté has indicated to us the relevance of this clinical example for the purposes of the present paper.

ference complication. The following episode brought this problem to my attention.

> One beautiful spring day I walked out of my office, twenty minutes before this patient's hour, with my appointment book lying open on my desk. I had a delicious luncheon, alone, which I enjoyed more than usual, and strolled back to the office, in time for my next appointment, only to be informed that my patient had been there and had left extremely angry. It was obvious that I had forgotten her appointment, unconsciously and purposely, and it suddenly came over me that I was absolutely fed up with her abuse to the point of nonendurance. At this point, I began to be angry at my patient, and between this time and the next time she came in, I was in a substantial rage against her. Part of this rage I related to guilt, and part to some anxiety about how I would handle the next treatment interview, which I expected would surpass all previous abuse, and I was now aware of the fact that I was no longer going to be able to tolerate this abuse. I fantasied (which of course was a hope) that my patient would terminate her treatment with me (p. 237).

In the first paragraph, Tower simply sets the stage for the story she is about to tell. There is little to say, except to note the contrast between the patient's attacks and the analyst's amazing patience, which suggests a massive anticathexis.

The second paragraph presents the incident, which is a form of countertransference acting out (reactive mental process): anger, indeed rage, suddenly breaks through the repression which had until then been effectively maintained. One could conjecture that over a period of months before the acting out, an unconscious concordant identification had taken place. Or else, one could say that a prolonged immersive stance eventually provoked, at the level of the therapeutic space, a reactive countertransference. Suddenly, then, the analyst feels a rage of her own, which amounts to a regression, expressed through the acting out. She cannot tolerate being abused further by her patient. She must do something with her rage. From then on the blind spot manifests itself: infinite patience gives way to frustra-

tion, to anger, to a profound rage hitherto denied and repressed. This reaction is induced in part by the patient's abusive attitude and in part by some inner disposition of the analyst (i.e., countertransference in the classic sense, or reactive mental process, according to the model). The acting out did not lead to further *regressive exploration*. The fantasy that the patient would terminate her treatment can be seen instead as expressing a desire to reject the patient and thereby avoid further attacks.

The Tower text continues:

> At her next appointment, she glared at me and said, in an accusatory manner, "Where were *you* yesterday?" I said only, "I'm sorry, I forgot." She started to attack me, saying she knew I had been there shortly before, and went on with her customary vituperation. I made no comment, for the most part feeling it was better that I say nothing. This went on for five or ten minutes and abruptly she stopped. There was a dead silence and all of a sudden she started to laugh, saying, "Well, you know, Dr. Tower, really I can't say that I blame you." This was absolutely the first break in this obstinate resistance. Following this episode, the patient was much more cooperative and after one or two short recurrences of the abusiveness, probably to test me, the defense disappeared entirely, and she shortly went into analysis at deep transference levels. (pp. 237-238).

This paragraph presents the patient's reaction to the missed appointment. The abuse and attacks continue, soon to be followed by a shift in the transference, whereby the analysand demonstrates her understanding of the transference-countertransference impasse. In contrast to an intentional and reflective approach, the analyst herself does not tell us what integrative elaboration of the episode she may have had. The shift in direction following the "dead silence" seems to have taken place inside the analysand, without being linked to any interpretation other than the one expressed in the act of missing a session: "I can't say that I blame you." No systematic attempt is made to sort out what belongs to whom: her rage, her analysand's rage, etc. Subsequent events indicate that the ana-

lyst was right to refrain from making any comment, except to acknowledge her mistake and to apologize soberly. It would seem that if the process is resuming on a new basis, much credit should go to the patient's capacity for insight rather than to the analyst's interpretation in this episode.

> At first glance, this seems so unimportant an episode that it hardly warrants description. One would say I was irritated with the patient and missed her hour because of aggression, which of course was true. But the real countertransference problem was not that. Actually, my acting-out behavior was reality-based and brought a resolution to the countertransference problem which was that I had been patient with her too long. This tendency in myself I could trace in detail from certain influences upon me in my earliest childhood. I had gotten into difficulties from this tendency from time to time during my development. I understood this in part, and yet it was not sufficiently resolved in my personality (p. 238).

In this paragraph, Tower informs the reader of her understanding of these events. Herein lies the interest of this text, because it illustrates what could be called a classic approach to countertransference. Rather than trying to develop more fully her reflective capacities (the "instrument" aspect), the understanding of what she recognizes as obvious links between her countertransference reaction and the induction of a powerful transference-countertransference interaction within the process itself ("I had been patient with her too long," "my acting-out behavior was reality-based"), the author tends to refer almost exclusively back to the self-analysis of her residual neurosis ("This tendency in myself I could trace in detail from certain influences upon me in my earliest childhood"). Of course, her own interpretation is entirely valid, but in terms of the actual transference-countertransference field, it appears incomplete. The countertransference in its classic sense is *always* our own, an obstacle fostered by the analyst's inner conflicts. However, does this justify systematically excluding from analysis the connec-

tions that may exist between certain countertransference manifestations and the vicissitudes of the process?

A number of questions arise: What does the combination of the patient's sadism and the corresponding passivity of her analyst reveal of the process, both on an intersubjective and intrapsychic level? Can this give us some indication of the nature of the patient's inner objects? Was she seeking to make her analyst experience the situation that she herself experienced as a child, by identifying with the aggressor-object? Was she defending against tender feelings toward her analyst? In other words, how can the countertransference acting out of evading a session serve the purposes of interpretation, beyond the obvious referring of the analyst back to her own residual neurosis? The following paragraph highlights Tower's total lack of interest in this type of approach.

> This prolonged abusive resistance need not have lasted so long, had I been freer to be more aggressive in the face of it. The manner in which I repressed my aggression and allowed it to accumulate to a point where I was forced to act it out, was not an entirely desirable therapeutic procedure. Thus, a theoretically good therapeutic attitude, namely, that of infinite patience and effort to understand a very troubled patient, was actually in this situation a negative countertransference structure, virtually a short-lived countertransference neurosis, which undoubtedly wasted quite a bit of the patient's time, and but for my sudden resolution of it through acting out might well have gone on for a considerably longer time. I gave this little episode a good deal of thought in subsequent years, and eventually came to understand more of its true significance (p. 238).

We agree with these comments, which state the obvious: behind the surface appearance of a therapeutically correct attitude, inhibition of the aggressive component was, in fact, a negative contribution. However, we believe that Tower's reasoning is typical of the so-called restricted or classic approach to countertransference in that she limits her reflections solely to her

psyche, thereby neglecting to tap the rich vein of communication from one unconscious to another (Freud, 1912b) within the psychoanalytic field (Baranger, 1993), whose manifestations can be observed by both participants. As a result, the unexpected resolution provided by the acting out is presented as virtually self-inspired, emerging mysteriously out of nowhere. Let us turn now to the last paragraph of Tower's comments.

> However, it is only recently that I might have questioned whether this countertransference reaction which had such clear negative implications at certain levels in this treatment, might perhaps at other levels have had equally positive implications. This particular disposition of mine might well have facilitated this patient's eventual ability to deal fully and affectively with her most highly defended problem—the passive homoerotic aspect of the transference—for it had been an acute paranoid type reaction that brought her into treatment with me (p. 239).

Tower pursues her self-analysis and seems troubled by a feeling of uneasiness, indeed of guilt, linked to the "fault" committed. One must take into account the effects of the official attitude stemming from Freud's initial presentation of countertransference, which tends to highlight almost exclusively the faults and imperfections underlying this type of countertransference manifestation. Thus, the last sentence of this paragraph, referring to the facilitating role of the analyst's passive countertransference attitude in resolving the passive homoerotic aspect of the transference, does not seem to come from a transparent reflective process. The tone of discourse is nonreflective. One could speculate here that this illustrates a retrospective-defensive-rational attitude (see Table 1).

On the other hand, Tower is perhaps also trying to emphasize the way in which the analyst's weak points are perceived or sensed by the patient, and how, at the same time, they provide the ground in which the patient's compulsion to repeat can take root. These weak points thus make it possible to re-enact a

former unconscious conflict at a deep, affective, nonintellectual level. They therefore prove to be not only negative, but also positive, because they bring to the surface, in vivo, in the transference-countertransference relationship, a major unresolved situation. Through self-analysis, the analyst can become more receptive to the conflict when it next comes to the fore. If all turns out well, the blind spot—in this instance, the facilitating role of the passive countertransference attitude—becomes the bright spot of the therapy.

Looking at the same text from the more integrative perspective of the therapeutic space, one is struck by the fact that when Tower reaches this level, she reverts to the question of the concordance between her passive position and the passivity against which the patient had to defend herself. The entire vignette can now be seen, deductively and speculatively, as a result of the induction of a countertransferential reaction, concording with the analysand's childhood experience. In other words, as discussed first by Racker (1968) and more recently by Kernberg (1987, p. 261; see also Table 1), this phenomenon of concordant identification may form the basis for the analyst's empathy toward the patient's dominant subjective experience, but it also involves the risk of overidentification with the patient's defensive posture, leading to a reactive countertransference.

Second Example: Blocked Emergence, Resulting from the Projective Identification of the Sadistic Object onto the Analyst

The following case is a short, rather dramatic, and very clear illustration of some of the effects of a patient's massive pressure on the analyst's countertransference reaction. Given by one of the most prominent figures in the field, well known for his long-held views advocating a "totalistic" approach to countertransference phenomena (e.g., Kernberg, 1965), it nevertheless shows how readily our reflective process can be aborted. Kernberg (1989), addressing the Conference on Severe Personality

Problems held in Montreal, gave an example of the pressure exerted by the transference of one of his borderline patients, which he could observe by monitoring his own fantasies:

> While she talked to me in a vague, fragmented and detailed manner, my attention wandered and I suddenly remembered a film I had seen, the investigation of "a citizen above all suspicion." The film was about a prosecutor investigating the murders of a number of women, murders committed by a sexual sadist who killed women while having sexual relations with them. In fact, the prosecutor was the murderer. There was a scene showing the prosecutor having intercourse. The woman was sitting on him, approaching orgasm, and the prosecutor picked up a knife and killed her; blood ran down the woman's breasts and her orgasmic cries were transformed into death cries .... I remembered this scene with a feeling of disgust and also of sexual excitement. And I asked myself "what's happening, am I becoming a pervert?" because there was no apparent relationship to what was happening between the patient and myself. And I was afraid of this fantasy (p. 29, our translation).

In some cases, the issues at stake in the transference are such that they become manifest through primitive projective mechanisms such as projective identification. As a result, the analyst may at times experience fleeting, very intense fantasies that she/he may be tempted to disavow. This is true of Kernberg in this instance: the emerging sadistic fantasy is blocked (suppressed), for he does not pursue his self-analysis. He simply mentions his fear of turning into a sadistic pervert himself in relation to his patient (an emerging key moment, surfacing from the unconscious), not knowing what other links there could be between this fantasy and the transference urgency point. This also illustrates what Reik (1948) noted: that the analyst introjects the drive (i.e., the sadism), whereas the representations are the production of the analyst's own psyche (i.e., the memory of the specific movie scene, recalled by the analyst). The rest of the example is quite revealing as to the latent issues:

> . . . But three or four sessions later, the patient started to tell me that if I shot her dead with a gun, she would be happy because that would mean that she was the most important woman in my life. I would have sacrificed my career, my family, my future for her, for a single act of sexual intercourse with her, just one, that would mark my whole life. And she would die happy, knowing that she was so important to me . . . . It was as if she had every reason to say that to kill a woman was the greatest possible proof of love for her (p. 29, our translation).

In this instance, strictly speaking, one cannot say that interpretation flows from a reflective process, given that it is the patient who provides Kernberg with the key to the interpretation of his suppressed fantasy. Yet it could be said that the analyst here demonstrated a capacity to contain, at the preconscious-conscious level, and for some time, some strikingly powerful material. Through her transference the patient is attempting to re-establish a primitive sadomasochistic object relationship. Thus, one may reasonably assume that the patient had momentarily induced in Kernberg a state of counterprojective identification (Grinberg, 1962, 1979). He regressed to a point which corresponded to the drive-derivative activated within the transference and experienced as coming from within himself. He tried to suppress, presumably in reaction to a fear of acting upon it, something representing a part of the patient which she had split off and expelled, an omnipotent sadistic object, while she held to her self-representation as a masochistically submissive lover. The lesson Kernberg draws from this for all of us is clear: if the analyst dares to allow the fantasy projected onto him/her by the patient to unfold, which he here succeeded in containing to some degree, the analyst can understand and relate his/her impulse to the analysand's dissociated and forbidden unconscious fantasy. What would have occurred if Kernberg, instead of eventually suppressing his emerging sadistic representation, had been able to regress further and contain it? What if he had attempted to explore its meaning in the context of the therapeutic process rather than exclusively in terms of his own

inner contradictions? The interested reader may consult Kernberg's numerous case reports to find illustrations of more complete reflective process (e.g., Kernberg, 1984, pp. 212-217; 1987, pp. 257-268). The next case example may illustrate such a development.

Third Example: a Projective Counteridentification Transformed into a Reflective Process

We will now analyze a final well-known example, initially presented and discussed by Money-Kyrle (1956), which illustrates some results devolving from an attitude based on a "broad" or "totalistic" approach toward countertransference. His perspective is obviously inspired by Kleinian metapsychology. He introduced the material as a "complicated" example, in the following terms:

> For while the dominant theme was my introjection of a patient who wished to project his illness into me, I also experienced a sense of being robbed of my wits by him.
>
> A neurotic patient, in whom paranoid and schizoid mechanisms were prominent, arrived for a session in considerable anxiety because he had not been able to work in his office. He had also felt vague on the way as if he might get lost or run over; and he despised himself for being useless. Remembering a similar occasion, on which he had felt depersonalized over a weekend and dreamed that he had left his 'radar' set in a shop and would be unable to get it before Monday, I thought he had, in phantasy, left parts of his 'good self' in me. (p. 362).

Money-Kyrle's associations are based on a trial identification, through which he attempts with the use of his own representations, to mentally reconstruct the patient's drive and object relation in the transference (analysand-as-participant, according to our model). This momentary thought, because of its predominantly rational character, could also be seen as a rational deconstruction (objective-rational attitude) of a projective identi-

fication expressed in the dream. The patient, through a process of splitting, projects his good self-representation, entrusting it to the analyst (the good object), as if to protect it from the attacks of the persecutory object. The fact that this example is included in an article of a scientific and professional nature undoubtedly contributes to a more rationalistic formulation. The author seeks to explain things. He continued:

> But I was not very sure of this, or of other interpretations I began to give. And he, for his part, soon began to reject them all with a mounting degree of anger; and, at the same time, abuse me for not helping. By the end of the session he was no longer depersonalized, but very angry and contemptuous instead. It was I who felt useless and bemused.
>
> When I eventually recognized my state at the end as so similar to that he had described as his at the beginning, I could almost feel the relief of a re-projection. By then the session was over (pp. 362-363).

He has doubts, he is not sure, but he does not tell us much more. From the vantage point of the author's subsequent frame of reference, at the time he wrote the article this could be described as a state of blocked emergence. However, if we go back to the context of the session itself, the author refers to a reaction which, in part, escapes him: he offers the patient several interpretations, which the patient rejects, questioning their relevance. This would seem to be a countertransference reaction in the classic sense of the term (reactive mental process): whatever came up during the preceding emergence phase acted as a warning of internal psychic conflict, which was somehow enacted by using the weapon of interpretation. This seems all the more likely, in that the author himself mentions that he doubted the value of his interpretations. One could conclude that the patient, at this point in the session, had succeeded in provoking his analyst into a reaction to his transference corresponding to the classic definition of countertransference as the analyst's reaction to the patient's transference. Indeed, this assumption will

receive some confirmation from the patient's subsequent associations (see below).

The analyst, however, perseveres and allows this countertransference reaction to become the basis for subsequent self-analysis on his countertransference at a supraordinate level. He eventually assumes the position of a conscious subject in the transference. After he describes the mounting aggressiveness and abuse, in the third sentence of the above quotation there is another momentary thought, an immersion concerning the patient's experience in the transference; the patient is angry and contemptuous. The fourth sentence contains another immersion-type momentary thought, but this time of the analyst-as-participant; he feels useless and bemused. This cannot yet be considered an elaboration because he is still in a phase of regressive exploration through introjective identification. Furthermore, no distance is achieved, and the relationship between the analysand's position, the analyst's position, and their reversal is not made explicit. However, when the analyst points out that the state he is in at the end of the session is similar to that of the patient at the beginning of the session, the connection is established in the form of a momentary thought expressing a concordant elaboration. As the session is drawing to a close, the analyst does not communicate his thoughts to the analysand, and thus there is no interpretation.

If one considers this quotation as a whole, one may ask what point of urgency, what transference is at issue, and what does one think of the analyst's overall mental activity as expressed in this paragraph. The patient exerts pressure in the transference, setting up an object relation in which he identifies with the persecutory object and seeks to make the analyst identify with his self in relation to this object. The analyst responds to this transference by a useful and relevant yet incomplete reflective process. He shows us that through introjective identification and the related regression under the pressures of transference, he has developed an empathic understanding of what it is to feel persecuted, bemused, and useless when facing a patient who has

become a persecutory object. Further, a reflective process is set in motion when he becomes aware of his defensive counter-transference reaction (his initial interpretations, which can be seen as an acting out). We witness here both an identification and an acting out, some *regressive exploration* of the transference taking place. But virtually no *integrative elaboration* is reached: the necessary distance, the return to the analysand's global position, and the recovering of secondary thought processes are not achieved. Instead, the analyst concludes by noting his own feeling of relief. At this level of urgency, in terms of the descriptive categories of our system, the reflective and creative mental effort constructs a space in which immersion is the dominant form; even if some elaboration-level mental activities are produced (i.e., the reversal of positions, noted in the last paragraph), they remain at the level of the momentary thoughts.

Money-Kyrle continued:

> But he was in the same mood at the beginning of the next [session]—still very angry and contemptuous. I then told him I thought he felt he had reduced me to the state of useless vagueness he himself had been in; and that he felt he had done this by having me 'on the mat', asking questions and rejecting the answers, in the way his legal father did. His response was striking. For the first time in two days, he became quiet and thoughtful. He then said this explained why he had been so angry with me yesterday: he had felt that all my interpretations referred to my illness and not to his (p. 363).

From the outset, it is apparent that this paragraph describes an interpretive process. In essence, the analyst offers the analysand a transferential interpretation, coupled with a genetic interpretation, that seeks to highlight the process of projective identification (in accordance with a Kleinian paradigm). This would therefore constitute a complete cycle, according to our model, given that this type of interpretation implies a prior process of mental elaboration concerning, in this case, the position complementary to the patient's transference. In effect, the analyst says to him: "I experienced what you had experienced

before the session." Then he adds the genetic dimension to complete the interpretation: the patient adopts, with the analyst, the same (internalized) attitude as his father had toward him.

However, there is a subtlety here, since by giving this interpretation to the patient, the analyst implicitly communicates how the patient defends himself when faced with this father, for, at the beginning of this vignette, the analyst had, both in fantasy and in actuality, become like the patient's father. When the patient arrived for the session, the patient was already in a state of intense anxiety and confusion, for it was to this tyrannical object that he was entrusting himself. And the analyst, by subjecting the analysand to interpretations that he was unsure of, had gotten rid of his own tensions (Grinberg, 1962); in fact, by "attacking" through his interpretations, he temporarily became like the father. The patient, in turn, tried to defend himself against this madness, the combined result of his own projection and Money-Kyrle's unconscious countertransference reaction, by treating the analyst in the same way that his father had treated him. The patient attacks, rejects the interpretations as invalid, puts the analyst "on the mat," possibly as he had been put by father as a child. But now the repetition of the old scene seems to contain a new element, the result of a reflective process, a concordant elaboration and interpretation concerning the patient's experience of being faced with such a father in the context of his infantile neurosis, now revived in the transference neurosis. This interpretation also concerns the relation between the intersubjective sphere (Atwood, et al., 1989), the internalized relationship with a father against whom he had to protect himself, and the sphere of intrapsychic conflict. This creates the inner need to protect himself against his anxiety and his extreme confusion, in particular by attacking his analyst (and vice versa).

This, of course, is in the nature of clinical conjecture on our part and is not included in Money-Kyrle's article. This raises the question of how strictly one should apply the requirement of specifying in detail the succession of momentary thoughts

which, like pearls on a string, form the necklace that we seek to identify, that is, the point of urgency. Strictly speaking, the author does not give us a detailed account of his reflective mental process, and yet we must assume that such a reflective process occurred. If one applies a stringent standard, one could say that Money-Kyrle's interpretation (in the paragraph just quoted) constitutes an intervention based on an immersion (as commented on earlier) and therefore devolves from a partial reflective cycle. However, if one assumes that detailed deconstruction did take place (which we are inclined to do in this case), then the example would illustrate an intervention based on a "complete"[3] cycle of reflective countertransference.

Finally, the last sentence of that paragraph, beginning "He then said . . .," describes the patient's reaction to the interpretation and tends to confirm its relevance. Furthermore, it exemplifies once more our patients' sometimes troubling ability to analyze us. Thus, the patient pays back Money-Kyrle in his own coin when he says that the analyst's initial interpretations stemmed mainly from his own defenses; as the patient says, the analyst's own illness—like his father's no doubt.

Money-Kyrle continued his retrospective analysis of the exchange.

> I suggest that, as in a slow motion picture, we can here see several distinct processes which, in an ideal or 'normal' analytic period, should occur extremely quickly. I think I began, as it were, to take my patient in, to identify introjectively with him, as soon as he lay down and spoke about his very acute distress. But I could not at once recognize it as corresponding with anything already understood in myself; and, for this reason, I was slow to get it out of me in the process of explaining, and so relieving it in him. He, for his part, felt frustrated at not getting effective interpretations, and reacted by projecting his sense of mental impotence into me, at the same time behaving

[3] "Complete" is here meant not in the sense of any definitive interpretations of the situation, as they can be numerous. Rather, it is meant descriptively in relation to the analyst's inner process, a theoretically plausible notion of a "full reflective cycle."

> as if he had taken from me what he felt he had lost, his father's clear, but aggressive, intellect, with which he attacked his impotent self in me. By this time, of course, it was useless to try to pick up the thread where I had first dropped it. A new situation had arisen which had affected us both. And before my patient's part in bringing it about could be interpreted, I had to do a silent piece of self-analysis involving the discrimination of two things which can be felt as very similar: my own sense of incompetence at having lost the thread, and my patient's contempt for his impotent self, which he felt to be in me. Having made this interpretation to myself, I was eventually able to pass the second half of it on to my patient, and, by so doing, restored the normal analytic situation (p. 363).

This passage would seem to speak for itself. It contains the completed reflection, once again resulting from a process in which Money-Kyrle as a subject takes the necessary step of standing back and rationally describing this "new situation . . . which had affected us both." This is a return to an essentially objective-rational mental state, which may further allow the integrative elaboration found lacking in the analytic situation, certainly appropriate and perhaps indispensable to the writing of a psychoanalytic paper.

However, in the final analysis, one may wonder about the nature of the reflective process developed in this example, considering all of the Money-Kyrle paragraphs as a whole at the higher level of the *therapeutic space*. We believe that the center of gravity, the dominant feature of the whole example, is the interpretation quoted on p. 734 and the patient's reaction. In our initial comments regarding this passage, we gave the analyst the benefit of the doubt and assumed that his interpretation must necessarily have been based on an elaboration that was at least implicit. Yet, taking things at the superordinate level of the therapeutic space, it appears that neither the analyst nor the patient engaged, at least not at this point, in a specific and detailed process of elaboration and deconstruction of the various aspects of the complex transference relationship referred to

in this example. And in any case, this appears certainly as seeking a nonexistent ideal, asking too much of a clinician involved in the ever-changing flow of the therapeutic process. Nevertheless, in terms of the therapeutic space, the dominant features of this example seem linked to the analyst's immersion as a participant in the transference.

In our view, the contradiction is only apparent. It is only fitting, given the complexity of the analytic process and the interweaving of different levels (sometimes arbitrarily distinguished but in general sufficiently distinct) to recognize that at one level (that of the urgency point), the analyst can be said to have formulated a transferential and genetic interpretation stemming from an elaboration, thereby going through a complete cycle, despite the fact that in a more global perspective, at the superordinate level of the therapeutic space, one must conclude that he has as yet confined himself to an immersion. This, imaginably, is a result of having overidentified himself, experiencing a threatening, if short-lived state of maladaptive regression, which necessitated his reverting perhaps quickly and defensively to his rational Kleinian interpretation.

CONCLUSION

To what extent is an analyst responsible for his/her unconscious contribution to the therapeutic process? Loewald (1978, p. 9) and Racker (1957, p. 309) agreed that the only hope of being objective lies in adopting a specific attitude toward our own subjectivity and countertransference. True objectivity, argued Racker, can be achieved only through a sort of inner duality which enables us as analysts to make our own countertransference and subjectivity the object of our own observation and continuing analysis. What we have here termed the reflective process is exceedingly difficult work, a wholly uncertain progression, often interrupted, subjected to repression, or impulsively turned into action. It is, over and over again, tortuous, unpredictable, surprising, distressing, at times agonizing. More-

over, countertransference enactment, although never desirable, now appears for many as inevitable and by no means disastrous (e.g., Jacobs, 1986; Renik, 1993). And more general questions are raised: Does reflective countertransference awareness necessarily require some prior reactive countertransference manifestation? Can fantasy become conscious without having been expressed in action, in our body imagery or otherwise?

These considerations may lead to important revisions and reconceptualizations of the ideal technical goal of always "keeping the counter-transference in check" (Freud, 1915, p. 164). Related issues concerning the importance to the analytic process of noninterpretive aspects of the interaction (e.g., Renik, 1993) and intersubjective communication (Stolorow, et al., 1987) between analyst and patient need to be considered. It is hoped that the proposed framework will serve as a useful descriptive and conceptual tool in specifying the various components or mental states analysts experience as part of their work within the global analytic situation or field.

Throughout our history, attitudes about countertransference have shown us that it is vital to set a course that seeks to avoid twin pitfalls: on the one hand, the myth of our unattainable ideal of total objectivity and detachment, which is nothing but the result of denial and repression of our subjectivity and our limitations; on the other, a sort of fascination leading us to be so caught up in our own subjectivity and self-analysis that we are in danger of being engulfed in contemplations on countertransference that may swallow up the whole analysis. A final quotation from Pontalis (1975, p. 75, our translation), sounds a note of good sense and caution: "This does not mean that we give in to the opposite illusion and believe that by recognizing our countertransference we shall be rid of it."

APPENDIX

TABLE 1

Definition of Categories in the Countertransference Conceptual Model (modified from Normandin and Bouchard, 1993)

1.0 Countertransference (in the "totalistic" sense):

1.1 *Objective-rational*

The analyst is in an *I-It mode* (Buber, 1923); she/he is mentally oriented toward observation *from the outside* rather than toward participation as subject and observation *from within* the "intersubjective field" (Atwood, et al., 1989). This is a process of objectification aimed at a rational understanding of the analysand based on one's *working model* (Greenson, 1960; Peterfreund, 1983). This promotes specific, rationally motivated selections from the total information available, for purposes of elaborating the analyst's organized representations of the analysand's conflicts and situation. For some (e.g., M'Uzan, 1989), this "working scheme" is a compromise formation between a full regressive (and unconscious) identification with the patient and a putting into words.

1.2 *Reactive*

The analyst is in an *I-Thou* mode (Buber, 1923); she/he is a subject, but at an *unconscious* level. This category corresponds to the classic view of countertransference as an *obstacle* and a *defense*, the outcome of an unconscious reaction, a "blind spot," a residual neurosis, or projective counteridentification[4] (Freud, 1910, 1912b; Grinberg, 1962, 1979; Reich, 1951). The content of the analyst's understanding or technique is accordingly distorted. This category is subdivided into three distinct manifestations.

1.21 Impulsive (libidinal or aggressive). The analyst's reaction is under the influence of a libidinal or aggressive drive, which is currently activated in the analytic situation; or else the analyst unconsciously perceives being transformed by the patient's projective identification (projective counteridentification).

1.22 Defensive-rational. Under some pressure from some intrasubjective or intersubjective conflict, the analyst resorts to such defensive operations as intellectualization, rationalization, reaction formation, undoing, isolation or displacement, to

[4] Our inclusion of Grinberg's notion of projective counteridentification under the same general heading as the Freudian notion of the analyst's unconscious participation refers to the common descriptive elements in both. It does not, however, mean that we would minimize the important metapsychological differences between the two conceptions.

justify a current ongoing reaction or interpretation. This state essentially serves as a defense against a threatening drive or conflict, in contradistinction to the objective-rational mode, which manifests a relatively more conflict-free state.

1.23 Retrospective-defensive-rational. This mental activity is defined as is the above category, with the exception that its purpose is to retrospectively justify a reaction which occurred in the recent past within the analytic situation. This appears typically as a rationalization of a reactive countertransference response.

1.3 *Reflective*

According to Racker (1957, p. 308), the analyst's reflective processing rests "on the continuity and depth of his conscious contact with himself." Reflectivity corresponds to the *preconscious and conscious* category of psychic activity displayed by the analyst seeking to recognize and elaborate his/her inner reactions as a participating subject (e.g., Freud's "evenly suspended attention"). It fulfills an interpretive function, serves as an *instrument*, a mental state in which the analyst is both subject and object, involved in self-analysis (Reik, 1948) and maintaining an interpretive attitude linked to the process. The reflective process can be divided into four subcategories; together, they constitute a theoretically complete cycle in the process of becoming aware of what is currently actualized in the analytic situation.

1.31 Emergence. Freud (1912b, p. 112) suggested giving oneself over to one's "unconscious memory." This *attitude of attentive but free listening* implies a reduction of control by the ego, diminished anticathexis, a prelude for some representation to *emerge*, surprising us (e.g., M'Uzan, 1976; Reik, 1948, pp. 258-271). The analyst is being intruded upon, and emergence is the resulting phase of intuitive listening to hunches, during which an inner reaction appears, perhaps at first in the diffuse form of sensation, affect, image, memory, and fantasy. Once it captures the attention, psychic energy is drained by this new representation, which is said to be contained. By contrast, in other cases which bring the nascent reflective process to an end, awareness of the emerging affective signals and inner tensions may lead to acting out or repression (blocked emergence).

1.311 Contained emergence. Maintaining a reflective mental state, the analyst is able to pause and think about his/her immediate experience. This implies a degree of adaptive regression, making it possible to develop and transform inner reactions into an instrument of search into the analysand's unconscious (analyzing instrument: immersion and elaboration, see below).

1.312 Acted-out emergence. The analyst is unable to resist the pressure to act out the desires or drives stemming from his/her inner reactions or thoughts. Relief may be found in abstract thinking, in the impulsive/defensive expression of premature interpretations, or other forms of enactment. Functionally, this turns an emergence into a reactive mental state.

1.313 Blocked emergence. Instead of exploring the reactions that emerge at a preconscious level, the analyst blocks them (by repression, suppression, etc.). In so doing, the analyst is unable to become aware of his/her own experience or that of the analysand. Once again, here a beginning reflective experience is defensively turned into a reactive mental state.

1.32 Immersion. *Immersion* builds on the previous *emergence* phase and is defined as a "working metabolism," a "paradoxical system" (M'Uzan, 1976), basic empathy, trial identification, or transitory introjective identification (Fliess, 1942), the result of a *regressive exploration* made possible through further reduction in anticathexis and control. It is an adaptive regression in the service of the ego. Referring to the situation of the creative artist, Kris (1952) spoke of a state of inspiration, while Anzieu (1981) evoked a regression. However, at this point in the cycle, and not too infrequently, the analyst may regress further, which then transforms an initially adaptive mode of listening and introjective identification into a maladaptive regression and reactive mental state (M'Uzan, 1989). In immersion, four different intentional strivings may be observed (Heimann, 1950; Segal, 1981):

1.321. Analyst-as-person. This refers essentially to past or present experiences of the analyst as a person or as a clinician.
1.322. Analysand-as-person. This is what the analyst imagines that the patient has experienced in the past or is experiencing in a current extra-transferential relationship or situation.
1.323. Analyst-as-participant. The analyst explores his/her experience as a participant in the immediate transference situation.
1.324. Analysand-as-participant. The analyst examines the analysand's current experience as a participant in the transference.

1.33 Elaboration. The third hypothetical phase in a complete reflective process is that of *integrative elaboration* of what has been discovered during emergence and immersion. Kris (1952) and Anzieu (1981) described this as a state of creative elaboration of a given material. This implies a redirection of psychic energy toward secondary processes, a *reversal* in the processes of regression and identification with the patient. There is an increase in anticathexis and control by the ego. The resulting renewed dominance of secondary processes and the use of the ego's superior functions make possible an organization and integration of the regressed contents within a comprehensive understanding, most notably through a concordant or complementary identification (Deutsch, 1926; Racker, 1968). The possibility of an interpretation is forming in mind. The maladaptive regressive counterpart may turn into a defensive-rational, or retrospective-defensive-rational mental state. Elaboration may also occur retrospectively, following a reactive countertransference response.

1.331 Concordant identification. In Racker's terminology (1968), as restated by Kernberg (1987, p. 261), concordant identification in the countertransference refers to symmetrical identification of the analyst with the psychic structure *that is currently dominant* for the patient in that particular transferential situation. It is observed, for instance, when the analyst's ego identifies with the patient's ego, the analyst's su-

perego with the patient's superego, and so on.

1.332 Complementary identification. This involves identification, not with the experience which is currently active and dominant for the analysand, but rather with its counterpart, whether this is understood in terms of object relations or as conflict between agencies (self or object, id or superego, etc.). There is complementary identification, for example, in the case where the analyst identifies with the patient's prudish, punitive superego while the patient identifies with his/her own "perverse" id, or the same situation with roles reversed.

1.333 Retrospective. The analyst recognizes that previously formulated elaborations or reflections in fact stemmed from a reaction which had remained unconscious, and therefore unrecognized, until now. This is the typical situation of countertransference enactment followed by awareness (see Jacobs, 1986; Renik, 1993).

1.34 Interpretation. This is the point at which the analyst communicates by means of interpretation to the analysand the fruit of previous reflections.

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A Woman with a Nipple Fetish

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A WOMAN WITH A NIPPLE FETISH

BY LEE GROSSMAN, M.D.

Over sixty years ago, Rado (1933) suggested that a woman could experience castration anxiety with respect to a fantasied penis. The following vignette is offered as a possible illustration of that phenomenon.

A woman in analysis reported a persistent trend in her sex life. She found that she was impatient to have her husband's penis—*the* penis, as she invariably put it—inside her vagina. During foreplay, she had a preference for attention to her nipples; once he had entered her, this was no longer important. After her husband's orgasm, she would again play with her nipples, or encourage him to do so. Rubbing her nipples was also a regular feature of her masturbation.

One of the curious characteristics of work with this woman was that when she referred to something I had said, she never attributed it to me. Sometimes she would claim it as her own; at other times she would refer to it as "the point" or "the issue." I suggested that this might be connected to her way of using the phrase, "the penis."

In the next hour, she reported a dream, in which she was "making love to" a woman. The actual imagery was not volunteered, which I pointed out. She then described it as being with a woman who sucks her nipple. There was some ambiguity about who was doing what to whom. As she pictured the action, she was struck by the size of the nipple and its erectness; it made her think of a penis. The dream shared an element with her masturbation fantasies, about which I had heard little before then: that her nipple is admired by a woman.

This work led to an elaboration of her sexual experience. She

hated the moment when she could feel "the penis" begin to change after her partner's orgasm or when he began to withdraw it. It was at that moment that her nipples became so important. When the penis was inside her, she felt it was part of her; she did not want to give it up. Of course, she "knew" it was not really hers[1]; but still, she expected it to feel as if she were losing a part of herself when her partner withdrew. She realized that by focusing her attention on her nipples, she felt more secure about having "all [she] needed." She also reported that she regularly had an unpleasant sensation when she removed a tampon, that she was tearing something out; and she often forgot to remove them for days at a time.

Greenacre (1953) suggested that women are unlikely to develop frank fetishes, because those who would be so inclined have "already succeeded in denying [their] apparent castration with an illusory penis. . . . [T]he actual sight of the male organ tends to reinforce rather than deny the masculine part of their body identification" (p. 28). Thus, she saw women as using the partner's penis to combat depressive affect, i.e., to deny the *fait accompli* of their "apparent castration," rather than escape the threat of castration in the future. Renik (1992) described a woman who maintained a sense of uncertainty during intercourse about who had the penis, also to combat her sense of herself as defective.

In my example, the woman appears to treat her partner's penis as her own, but as a consequence, she then experiences what I take to be castration *anxiety* with respect to her *fantasied* penis—as in Rado's hypothesis. Her nipples served as a fetish object to reassure her that she was not losing the penis she imagined possessing.

[1] Shengold (1985) used the phrase, "responsibly aware," to indicate acceptance of the consequences of what one knows. My patient might be an example of being "irresponsibly aware"; that is, she manages to disavow the significance of what she knows (see Grossman, 1993).

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Female Psychology: An Annotated Psychoanalytic Bibliography. Edited by Eleanor Schuker and Nadine A. Levinson. Hillsdale, NJ/London: The Analytic Press, 1991. 678 pp.

Henry J. Friedman

BOOK REVIEWS

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FEMALE PSYCHOLOGY: AN ANNOTATED PSYCHOANALYTIC BIBLIOGRAPHY. Edited by Eleanor Schuker and Nadine A. Levinson. Hillsdale, NJ/London: The Analytic Press, 1991. 678 pp.

The emancipation of women/the women's movement and the birth and development of psychoanalysis are events deeply identified with the twentieth century. The relationship between the two, however, has not always been easy, despite the fact that both movements are identified with enlightened and progressive aspects of our culture. Psychoanalysis, like the women's movement, has come a long way in its effort to deal with issues of purported differences between men and women in regard to the nature of their development, personalities, and sexuality. There can be no question that Freud and the early psychoanalysts gave women and the concept of female development a great deal of attention; but, while there can be no claim of neglect of women, the attention that was given and Freud's view of female development have met with resistance almost from their inception.

Initially, Freud's view of women was accepted by the majority of psychoanalysts of his day, including those few early female psychoanalysts who, with apparent disregard of the paradox between the psychoanalytic view of femininity and their own functioning as professional women, accepted the notion that to be female was to be shaped by penis envy. Furthermore, they agreed to a generalized picture of women that depicted them as having more narcissism and masochism than men and, perhaps most unkindly, as having a weaker, less demanding set of standards, i.e., a lesser superego.

In his own day, Freud was confronted with Karen Horney's spirited refutation of his view of women. She believed that Freud's theories of female development represented a matured version of the phallic boy's view of women. Beyond Horney, whose status as a revisionist separated her from the mainstream of the American Psychoanalytic Association membership, there were few other critics of the phallocentric view of development within the classical psychoanalytic movement. Hence this view, which would have all women dealing continually with their inferior status vis-à-vis the

only officially and supposedly psychologically acknowledged genital organ, came to stand as a basic postulate of the classical psychoanalytic theory of female development.

Those rather rare thinkers who can be characterized as intuitively believing in primary femininity appeared from psychoanalytic circles outside the influence of both the American Psychoanalytic Association and the classical drive defense model. The influence of such contributors (who begin with an assumption of an independent line of female development) has not been great in either psychoanalysis or academia. In this latter arena, psychoanalytic thinking has been used as the launching pad for arguments that begin by disparaging psychoanalytic assertions about women. The polarization between feminist theory and the predominant psychoanalytic drive theory of female development has resulted in an unfortunate (but not entirely incorrect) view of psychoanalysis as an antifeminist way of thinking. In this characterization psychoanalysis stands against the women's movement, insisting on the belief that female development results from women's need to come to terms with an inferior physical endowment. This view of women's development as reactive to not being a man has left psychoanalysis with the appearance of a monolithic system aimed at maintaining a male oriented and dominated world-view.

This volume, with its dry sounding title, *Female Psychology, an Annotated Bibliography* goes a long way in clarifying the breadth of psychoanalytic thinking about female psychology over the past hundred years. The editors have performed the remarkable feat of summarizing hundreds of books and articles predominantly from the psychoanalytic literature. To do so they have harnessed the energies of many individual psychoanalysts who have reviewed and summarized papers from relevant areas of inquiry regarding female psychology. The product reflects a degree of dedication and energy which seems both natural and synthesizing. By psychoanalytic, the editors apparently refer to the point of view from which the variety of papers and books are viewed rather than to the source of material as entirely from the psychoanalytic literature. The result is that almost nothing that has been written about female psychology is excluded; the editors have remained surprisingly neutral about the content of many papers, although they do inform the reader when the controversial nature of a paper or book

has led it to have a more central role in intellectual history. In the sense of providing an overview of psychoanalytic writing about female psychology the editors have been entirely successful. The profession owes them a debt of gratitude for making accessible a complex and fragmented literature in one convenient volume. It should serve as a model of how to review and summarize psychoanalytic writing in any number of areas.

The manner in which the editors have chosen to organize their presentation leaves little room for criticism. They have grouped papers under five sections: Historical Views; Developmental Perspective; Female Sexuality, Character and Psychopathology; Clinical Concepts; and Reading Lists. The last should be particularly useful to psychoanalytic institutes, where curriculum committees have recently seen an increasing demand for education about sexuality, both male and female, as well as about heterosexual and homosexual life patterns. What this volume does open to examination is the clear impact of culture on the formulation of psychoanalytic theory about gender development and role enactment. Freud's reading of the psychology of women, with his doubts about their lives, desires, and meanings, seems both prejudicial and wrong-headed in the context of changes in the culture that make it clear that biology is anything but destiny. It is in the interest of men as well as women to question the insistence on a reactive and secondary nature to the development of women. Freud, who was able to transcend the conformist thinking of his day in regard to sex drive and religion, was unable to do so with regard to the status of women in the culture of his day.

The attempt to explain the development of women in terms of conscious and unconscious responses to male anatomy and the oedipus complex, as well as studying women as a separate category of human beings, seems curiously dated. While the editors of this volume repeatedly acknowledge that ideas which have been attributed to biology and genetics regarding women were more likely the result of the culture, they nonetheless continue to promote these same categories of thinking. The concept that men and women develop in a cultural context which in itself defines the extent to which gender differences are encouraged or discouraged is not possible when it is decided that the study of differences is a valid starting point. In this regard the editors of this volume join the

camp of feminists who insist that women are indeed fundamentally different from men but in ways which need to be acknowledged as superior rather than inferior in quality.

The challenge to psychoanalysis raised by this volume regarding our literature extends to more than the issues of political correctness and decency in the realm of theory regarding gender. It extends to many areas of human diversity which have been labeled pathological when conformist social judgments have, wittingly or unwittingly, penetrated the thinking of psychoanalysts, leading to an unwitting linkage of psychoanalysis to conservative social and political thinking. Psychoanalysis permits the freshest of observations to be made, examined, and developed into understanding only insofar as this is not done in the service of confirming already held (on the basis of historically invested ideas) theoretical assumptions. Without the help of revisionist concepts involving primary femininity, female self-esteem, the role of the selfobject in the development of self-worth and the vulnerability of selfobjects to the culture, psychoanalysis is left attempting to juggle the legacy of sexist concepts masquerading as basic scientific theory. As a nineteenth century concept, the idea of the importance of one body organ (as manifest in the unconscious) in determining the nature of both men's and women's development seems bold and innovative. Unfortunately, continuing to carry such a notion into the present has an intellectually limiting effect. Thus, we have the possibility, as noted in a recent *New York Times* book review by Jessica Benjamin, of leaving new contributions to the understanding of women to the "enthusiastic and unruly speculations of feminist thought" rather than to the "insular world of professional psychoanalysis." Benjamin's review of *The Practice of Love: Lesbian Sexuality and Perverse Desire* by Teresa de Lauretis illustrates the way in which exciting and seemingly clinically correct speculation about psychoanalysis can occur from outside of clinical psychoanalysis when an inventive thinker manages to combine Freudian theory and radical feminist thinking on the subject of lesbianism. Freedom from theoretical orthodoxy allows de Lauretis to make the observation that lesbianism need not be viewed as resulting from pathology but rather from a variant of developmental experience which leaves a woman seeking the desired daughter which she never was.

The very nature of this volume illustrates a paradox in psycho-

analysis. We possess the structure of an established and rapidly growing literature which enables every new contribution to be related to an intellectual history to which we tend to be inordinately dedicated. As a consequence of this, we tend to hold on to concepts which otherwise might be recognized more readily as outmoded or of predominantly historical interest. Because the role of women in our society has changed so radically, current writing about female psychology appears to be stubbornly outmoded when it remains tied to the traditions of the past literature. The editors have raised many questions in their introductions to the various sections. However, they are allied with the task of summarizing a literature which has too often been based upon a socially biased view of women. While they repeatedly question the attribution of so-called feminine characteristics such as passivity, masochism, and narcissism to biology rather than to cultural factors, they nonetheless repeat prejudicial ideas about women. These ideas can and should be refuted on the basis of simple observations about the changed role of women, with the resulting clear demonstration of the equal capacities of men and women in all significant spheres of human endeavor.

Psychoanalytic theory has tended to focus upon explanations of all human phenomenology on the basis of drives and the unconscious. In attempting to explain female development without reference to cultural and interpersonal influences and without the assumptions of equality of capacities between men and women, a certain violence has been done to women. Much of this parallels similar mistakes made in psychoanalytic thinking about homosexuality, mistakes which only significant social change has forced us to re-evaluate. Psychoanalysis has lagged behind psychiatry in acknowledging the seriousness of error in psychoanalytic contributions to the literature which have reflected socially condoned homophobia. Unfortunately, it has also lagged behind feminist scholars in their attempt to re-examine the antifeminist historical assertions of psychoanalysis.

The editors of this volume clearly attempt to set the record straight about how psychoanalysis has dealt with its sexist origins, but despite their enlightened stance, they are hardly forceful enough in clarifying the extent to which the early psychoanalytic image of female development as dependent upon awareness of

genital deficiency has dominated the psychoanalytic literature. Since this volume summarizes many authors who have written against a biased picture of women, it is clear that the editors intend that a balanced psychoanalytic view of women should emerge. Future editions of this volume would benefit from a more forceful questioning of the way in which psychoanalysis has had difficulty in giving up its sexist world-view.

HENRY J. FRIEDMAN (CAMBRIDGE, MA)

PSYCHIC STRUCTURE AND PSYCHIC CHANGE: ESSAYS IN HONOR OF ROBERT S. WALLERSTEIN, M.D. Edited by Mardi J. Horowitz, M.D., Otto F. Kernberg, M.D., and Edward M. Weinshel, M.D. Madison, CT: International Universities Press, Inc., 1993. 373 pp.

Structure is an imposing idea. It evokes steel and concrete. Even the sound of the word—its two syllables symmetric around a hard consonant core—suggests fixity, order, authority. Structure is an apt term for an earlier psychoanalytic era when a firm central core of authority gave shape to our theory, our language, and our institutions. We *knew* then—or so it appears today, looking back—what psychic structure was and what psychoanalysis was. Psychic structure was tripartite. Id, ego, and superego had a reality, in analytic discourse, almost closer to the reality of things than to the reality of abstract concepts. The solidity of these structural components and the complexity of their interconnections naturally suggested that only an intricate and lengthy procedure could be expected to have sufficient power and precision to alter them. That is, the unique authority of psychoanalysis was a logical correlate of the reification of psychic structure. Psychic structure had an objective existence, and psychoanalysis was the craft of altering it, by means of its specialized tool, the interpretation of unconscious mental contents.

Of course, psychoanalysis has never really been completely uniform, in its organization or its theory. From the beginning, it spawned schismatics. Yet today, we can hardly be certain which school is schismatic and which central. All agree that psychoanalysis seeks to change something that has a tendency to remain relatively constant in people. But analysts no longer concur about the nature of this constancy or the manner in which psychoanalysis alters it.

Robert Wallerstein stands at the center of these considerations, for at least three reasons. First, he has led the worldwide psychoanalytic community with rare skill and vision, in a confusing and potentially confounding centrifugal age. Second, as a scholar of our diversity, he has sought to delineate a common ground in psychoanalytic practice. Third, as a researcher, he has empirically investigated structural change and its relation to varieties of treatment.

The current volume samples the contemporary diversity of viewpoints about analytic change. While not inclusive of all prominent perspectives, this valuable collection of fourteen essays includes contributions from three continents and from differing psychoanalytic schools. The essays vary a good deal and are only loosely connected to one another—by their shared focus on how analysis changes people. Only a few actually grapple rigorously with the nature of psychic structure. Thus, this compilation will disappoint the scholar seeking a systematic study of its title subject. Clinically interested readers, however, will find many of the papers quite rewarding.

Relatively familiar North American mainstream perspectives are presented by several authors—Weinshel, Blum, Dewald, Rangell, and the Sandlers. Particularly delightful among these richly textured summaries of psychoanalytic theory and practice is Weinshel's stimulating case material. He invites us into his thoughts during sessions, sharing uncertainty in a manner that feels true and comforting. Renik contributes a more avant-garde essay, addressing the contemporary fascination with enactment. "Not only is every technical act inevitably a countertransference enactment, at least in part, but it is useful for this to be so," he claims (p. 144). To illustrate this provocative proposition, Renik provides a dramatic clinical anecdote, in which his own hostile attack upon a stuck, obsessional patient seemed to advance the analytic work in a fundamental and surprising way. Renik's controversial thesis invites a more detailed response than is possible here.

Horowitz melds defense analysis with Piagetian theory to formulate psychic structure in terms of schemas of meaning. Analysis modifies the schemas and the automatic control mechanism (defenses) which habitually inhibit access to dreaded schemas. This cognitive-affective theory nicely sharpens but simultaneously narrows the view of analytic process.

Several authors allude to Wallerstein's finding, from the Menninger study,[1] that structural change can be achieved with supportive therapy alone. It is surprising that this challenge to once-prized assumptions about the uniqueness of psychoanalysis does not command more sustained attention in such a festschrift. However, the essay by Anton Kris provides a superbly cogent response. Through his concept of divergent conflict, Kris has been enlarging the range of conflict analysis to include much that is often considered deficit, or unanalyzable resistance. His persuasive explication of support hinges on his discovery that the mitigation of punitive, unconscious self-criticism frees up a normal mourning-like process, through which divergent conflicts are resolved. Such mitigation may be catalyzed not only by analytic interpretation, but also by the less explicit "sense of endorsement" (p. 96) which patients experience from effective supportive measures. Kris's contributions are noted also in the essay by Treurniet, whose examination of supportive factors within the psychoanalytic process emphasizes primarily such Winnicottian concepts as holding, the environmental mother, and the use of the object.

For Chasseguet-Smirgel and Goyena, structure corresponds to an unconscious core defensive fantasy—in their case material, a fantasy denying parental sexual coupling and substituting anal sadism for heterosexuality. Interpretation of primitive sexuality is the technique for analytic change. Kleinians traditionally emphasize primitive fantasy in their view of psychic structure and direct interpretation of it in their technique. Yet the clinical presentations by South Americans Etchegoyen and Hernandez seem to overlap mainstream North American practice substantially—illustrating Wallerstein's claim that the many psychoanalyses tend toward one in our offices. Also clinical is the essay by Joseph, describing "nonresonance"—an "impermeability" to analysis characteristic of certain patients. The volume concludes with a characteristically precise paper by Kernberg, articulating his view of psychic structure and psychic change in terms of internalized object relations.

The ways in which psychoanalysis is thought to change structure reflect the changing structure of psychoanalysis. This collection of

[1] Wallerstein, R. S. (1986): *Forty-Two Lives in Treatment. A Study of Psychoanalysis and Psychotherapy*. New York: Guilford. Reviewed in this *Quarterly*, 1989, 58:643-647.

essays, heterogeneous in focus, viewpoint, and style, provides an impression of the current moment in our process of change. Nearly everyone will find something stimulating in the book, although readers will select different essays as particularly worthy. In all, it is a fine and much deserved tribute to Robert Wallerstein, and a valuable contribution to our field.

ALAN POLLACK (NEWTON, MA)

AFFECT IN PSYCHOANALYSIS. A CLINICAL SYNTHESIS. By Charles Spezzano. Hillsdale, NJ/London: The Analytic Press, 1993. 250 pp.

Spezzano's remarkable and original contribution provides something very old and familiar and at the same time something refreshingly new and different. What is old is the central significance of affects and affective communication in the analytic situation. What is new is a clinically relevant theory of affect with a masterly integrative account that is phenomenological, developmental, and clinical. The author eloquently argues his central claim that psychoanalysis has something indispensable to say about the nature of affect and its origins. Affects have a central place in his definition of psychoanalysis: "Psychoanalysis is the study and clinical treatment of the vicissitudes of an individual's affective states and desires, representations, and narratives into which these states have been elaborated developmentally" (p. 209).

This volume is divided into four parts. The first part grounds his formulations epistemologically in his stance that theories are languages for talking about the world. He argues persuasively that truth is not an aspect of the world but of our conversation about the world. The only way we have of determining that we are coming closer to or moving away from truth in any scholarly effort is by agreement or lack of agreement with other members of the dialogical community. In Spezzano's relational model of therapy, the truth emerges from a process of inquiry, argument, and agreement that involves two persons (therapist and client) in a dialogical community.

In Part II, after extracting Freud's ideas about affects and their transformations in the analytic process from Freud's clinical and theoretical writings, he draws on the contributions of Fairbairn, Klein, Sullivan, and Winnicott to tell the story of psychoanalysis as the evolution of a theory of affects. He describes and explains how

the leading theorists following Freud struggled with the problem of conceptualizing the major affects encountered in the clinical situation.

From his historical review of leading psychoanalytic theorists, Spezzano concludes that every conscious affect may be understood as the most recent and relevant assessment of the state of the self in the unconscious relational world. Affect, in his view, is the core expression of the unconscious mind and its struggles to force its way into consciousness and the world.

Formerly, clinicians claimed that seeing things differently would lead to feeling differently. Now some theorists such as Spezzano hold that changes in affects can lead to changes in perception and thinking. Furthermore, the analytic relationship itself can lead to structural change even without an interpretation or insight. Analyst-analysand interactions may change how the patient feels, and the world will be perceived differently.

For its clinical usefulness and its heuristic value, the author suggests we conceptualize a *circle* of human experience: affect-perception-representation-affect. He advances the proposition that a circular rather than a linear model is preferable because a circle model eliminates fruitless arguing about which element (affect, thought, perception, representation) precedes which in time.

Freud had a theory of affect which was the foundation of his theory of mental structures. The other major psychoanalytic theories may be usefully understood as theories of affect that often complement, elaborate, and supplement Freud's theory rather than contradict it.

Affects emerge out of interactions between real people. In Spezzano's opinion, the more the patient's representations of self and other deny the reality of mutual influence on the vicissitudes of affective states, the closer the patient lives to the center of the narcissistic world. Though I agree with the above statement, I believe there is also a social explanation for why many mental health professionals, including a considerable number of psychoanalysts, tend to deny the realities of interactional influences on affective states. Many analysts like myself were taught that emotions had exclusively endogenous origins stemming from one's unconscious fantasies and instincts and that they were isolated from social and interpersonal influences.

Part III examines the ways in which viewing psychoanalysis as a

theory of affects shapes our understanding of the inherently dialectical nature of human psychic life. Spezzano demonstrates that all attempts by major psychoanalytic authors to explain the crucial aspects of both everyday life and clinical contexts necessarily reflect the author's implicit and explicit positions about the source of those disturbing affects. The core concept in all psychoanalytic theories of psychopathology is one of failures in affect management.

Spezzano successfully (in my opinion) attempts to establish the concept of the affect of "interest-excitement" as a key human motivator and a useful idea for understanding patients' conscious and unconscious motivations. The author describes how the psychologies of Winnicott and Kohut allow us to view the patient's excitement as interest excitement rather than sexual excitement.

Spezzano presents some original and provocative formulations about the significance of interest-excitement in narcissistic patients. He views narcissism as a perversion of both forms of excitement, sexual excitement and interest excitement. He tells how narcissistic patients, whose own emotional lives are empty come to rely on the excitement of others.

Part IV elaborates the implications of his affect theory for psychoanalytic technique. He suggests viewing character as a container and regulator of a person's affects, and he examines the transformations of affects in character formation and character change. Also, he provides a further elaboration of his theory of therapeutic action and character change and ties it to the epistemological framework he presents in Part I.

By emphasizing affects in his discussion of technique, he brings out what is common and important in all psychoanalytic schools. There is a common tendency among psychoanalysts to talk theoretically in terms of object relationships or ego functioning but to talk clinically in largely affective terms.

Affects have a core position in the author's theory of psychoanalytic process and technique. Because analysands are always trying to *communicate* their affects to their analysts, the analyst cannot be useful when he or she remains outside the analysand's affective experience. Spezzano concludes, "Only by viewing the affective communications from analysands—holding them, thinking about them, and making interpretations that convey to the analysands that all this has taken place and that their original affects have been transformed in the process—can analysts remain useful" (p. 224).

This is not an easy book to read, and the reader must be something of a psychoanalytic scholar in order to comprehend the significance of what Spezzano is writing about. Though he is writing about clinical issues and the experiential topic of affects, he stays on the high abstract ground of theory; he seldom provides case vignettes. He generalizes about affects and says little about specific affects. He makes only a few brief references to shame, until recently the most neglected of the major affects in the psychoanalytic literature. Each chapter contains some startling insights without sufficient discussion to give one a comprehensive or thorough grasp of the subject. On reading and rereading this volume, one gains the repeated impression that the author could have expanded almost every one of the chapters into an entire book.

I found this book thought-provoking, often witty, and sometimes humorous, as in the following account of Freud's early conceptions about the relationship between anality and character:

> The theory that orderly, parsimonious and obstinate people are suffering from a disguised form of perverse fixation on the pleasures of anal sexuality met, not surprisingly, with some resistance from the orderly, parsimonious and obstinate intellectual community (p. 188).

Affect in Psychoanalysis is an exciting and erudite contribution that draws on all of the major psychoanalytic schools in remarkably balanced ways. Spezzano extracts what is relevant to his topic of affects from the psychoanalytic theorists and synthesizes these different strands to construct a model of theory and practice in which affects have a central role.

THEO L. DORPAT (SEATTLE)

ZURÜCK ZU FREUDS TEXTEN. STUMME DOKUMENTE SPRECHEN MACHEN. (BACK TO FREUD'S TEXTS. MAKING SILENT DOCUMENTS SPEAK.) By Ilse Grubrich-Simitis. Frankfurt am Main: S. Fischer Verlag GmbH, 1993. 399 pp.[1]

The long-established editor of the Freud editions published by S. Fischer Verlag, of Frankfurt am Main, has here produced an as-

[1] Review translated by Philip Slotkin, MA MITI

tonishing and admirable book, the fruit of labors extending over three decades. Responding to criticism of Strachey's English translation of Freud and also of the German language editions, about whose "unsatisfactory nature" Strachey himself had complained, Ilse Grubrich-Simitis has turned her attention to the original Freud manuscripts kept in the Sigmund Freud Archives to examine the creative process lying concealed in the manuscripts, to throw light on Freud's method of working, this being "the only Freud disclosure that is a fitting object of our curiosity" (p. 24). Grubrich-Simitis sees her project of going "back to Freud's texts" as a form of opposition to the overemphasis on the person of Freud and as a "sublimatory injunction to psychoanalysts" to identify "with the radical method of psychoanalysis, which is so difficult to learn and so deserving and needful of protection, as still the most effective instrument for the exploration of human subjectivity" (p. 23).

In the first chapter, the author reconstructs the "history of the editions," in Vienna until 1938, London from 1938 to 1960, and Frankfurt from 1960 to the present. Freud appears in the twofold role of creator and promoter of his work, who had to form an institution for himself; and since a word-based image of man lay at the heart of that institution, it needed a publishing house to convey his works and those of other psychoanalytic authors to a reading public. The description of Freud's deliberate control of publication policy exemplifies the author's immense knowledge of her subject. Freud's reluctant dependence on the publishers Franz Deuticke and Hugo Heller in Vienna came to an end with the establishment, in 1919, of the Internationaler Psychoanalytischer Verlag, with resources from a foundation set up by the Hungarian industrialist Anton von Freund. In the *Verlag-Internationale Zeitschrift für Psychoanalyse*, *Imago*, and *Almanach* were published many important early works. They were supplemented from 1921 on by *Psychoanalytische Bewengung*, with Adolf Josef Storfer, the director of the Verlag, as its editor. The *Gesammelte Schriften*, in effect the first complete edition of Freud's works, appeared in twelve volumes between 1924 and 1934.

Freud kept the Verlag afloat for twenty difficult years, until it was closed down by the Nazis in 1938. In exile in London, he founded the Imago Publishing Company to rescue the *Gesammelte Schriften* in the form of the *Gesammelte Werke*—i.e., to ensure the survival of his

work in his "beloved mother-tongue."[2] The new complete edition was more comprehensive than the *Gesammelte Schriften* since it contained papers published after the issue of the latter—the posthumously published works and a number of smaller contributions which had been omitted from the *Gesammelte Schriften*. The editors, Anna Freud, Edward Bibring, Ernst Kris, Willi Hoffer, and Otto Isakower (with the collaboration of Marie Bonaparte) constituted a link with the interrupted Viennese past. After Freud's death they made his unconditional commitment to his works their own. Anyone who wished to read Freud in German after the war had to resort for many years to imported copies originating from the Imago Publishing Company. It was only in 1953 that *An Outline of Psycho-Analysis* and *Civilization and Its Discontents* were published in German in paperback by Gottfried Bermann Fischer following his return from exile.

After Fischer acquired the German language rights to Freud in 1960, the ironic situation arose that, when his works were reintroduced to their original linguistic area, the readers' department at Frankfurt had to call upon the expertise of the English editors of *The Standard Edition*, incorporating their entire body of notes in the only critical edition of a large part of the major works in the original language, the ten-volume so-called *Studienausgabe*. Among the editors, in addition to Alexander Mitscherlich (and also Grubrich-Simitis for the supplement volume), were James Strachey and Angela Richards. As a compact, didactic introduction, Fischer Verlag issued a two-volume edition of the works, edited and with commentaries by Anna Freud and Grubrich-Simitis. The *Gesammelte Werke* was completed by an index volume and, finally, in 1987, by the supplement volume, as an intermediate stage on the long route to a critical, complete edition to be brought out some time in the future. A historical-critical, complete edition of Sigmund Freud's works and letters, for which Mitscherlich submitted an application for a subsidy from the Deutsche Forschungsgemeinschaft, only to withdraw it five years later, came to nothing, because the aim was not to transport Freud into the realms of inviolable classicism but to bring his work emphatically to life in the present. Other important events worthy of mention are the publication by S. Fischer Verlag

[2] Freud, S. (1915): Thoughts for the times on war and death. *S.E.*, 14:278

of the Sigmund Freud concordance and complete bibliography, the Freud-Jung letters, Freud's letters to Fliess and to the friend of his youth, Eduard Silberstein, and the correspondence with Ludwig Binswanger, as well as the four volumes of the minutes of the Vienna Psychoanalytical Society.

The central part of the book consists of a tour of the "landscapes of the manuscripts." It begins with a brilliant chapter on the scientific and artistic creative process in Freud. "I was in a state of constant sorrow and distracted myself by writing—writing—writing," quotes Grubrich-Simitis from a letter written by Freud to Ferenczi on 2 January 1912. Freud maintained that he needed a "modicum of misery" in order to be able to write. Grubrich-Simitis connects this with a presumed traumatic disturbance of Freud's ego development before completion of his early process of separation caused by his mother's mourning (for her son and her brother), which interfered with her availability. According to Grubrich-Simitis, this left Freud with a lifelong permeability of ego boundaries and an increased perceptual latitude in relation to the unconscious and to external reality.

Grubich-Simitis refutes the legend of the ease with which Freud wrote. According to her account, the notes, drafts, fair copies, and variants discovered prove that his works almost always came into being by a process of consuming hard labor with strict concentration on a subject extending over a number of stages, each set down and elaborated in writing. At first, Freud manifestly lost interest in his manuscripts as soon as he had finished reading the proofs, consigning them without a second thought to the wastepaper basket. This habit of destroying his manuscripts seems to have persisted until 1913-1914. After this it was unusual for him not to ask for the return of manuscripts once the relevant works had been set in type. Apart from this, however, he appears to have become increasingly aware of the autograph value of his manuscripts, thus making it possible for them to be collected. The American Psychoanalytic Association protected them from sale and dispersal, allowing them to find a permanent home in 1986 in the Manuscript Division of the Library of Congress after the death of Anna Freud. It is these manuscripts which the author has caused to speak.

The short collection of notes left behind by Freud after his death, published in the *Gesammelte Werke* under the title "Ergebnisse,

Ideen, Probleme" ("Results, Ideas, Problems") can now be supplemented by a hitherto unknown body of drafts, the "second stage of the dynamic typical of the genesis of Freud's texts," as Grubrich-Simitis characterizes them. They are identifiable by the diagonal crossing-out lines drawn through the pages, indicating the extent of Freud's progress in transferring them to the fair copy in its final form. Only five of these drafts have survived (not counting *An Outline of Psycho-Analysis*), including that of *The Ego and the Id*, the only case of the preservation of the complete documentation of two major stages of a work of such fundamental importance in the construction of Freud's theories, here graphically brought to life as two fine facsimiles.

The next chapter, on the fair copies, is again illustrated by outstanding facsimiles, clearly showing the graphic characteristics of this type of manuscript, such as the ceremonial typography used for the titles and the accentuation of the ends by a kind of fermata. Many assistants have left their marks—for instance, in the manuscript of "A Childhood Recollection from *Dichtung und Wahrheit*," which includes passages in the hands of Hanns Sachs, Eduard Hitschmann, and Hermine von Hug-Hellmuth.

A chapter particularly rich in informative details is concerned with the variations between the fair copy and the printed version. These relate to the fine structure of Freud's prose. The author explains the "graphic variation" via the example of the "Moses of Michelangelo" and the drawing of the structure of the psyche in Lecture 31 of the *New Introductory Lectures*. She also distinguishes the following types of variations: "stylistic-rhetorical variations" to avoid word repetitions or to "slow down or speed up the text" ("giving the words a proper and inviting shape," as Anna Freud put it); "clarifying variations" to help avoid misunderstandings, tellingly illustrated by the radical variant in the "Wolf Man" where all that remains of the long manuscript note on the verbalization of the scene twenty years after its occurrence is the sentence, "It is also a matter of indifference in this connection whether we choose to regard it as a primal *scene* or as a primal *phantasy*"; "structural variations," for example for the purpose of incorporating subheadings; "title variations"—e.g., the original title "A *Frequent* Type of Choice of Object Made by Men" was altered to "A *Special* Type of Choice of Object Made by Men" to avoid misleading statistical im-

plications; and "emotive variations," which owe their existence to "conflictual motives" as explained brilliantly by the example of a vehement passage, suppressed at the instigation of Jones and Eitingon, from the "Postscript" to *The Question of Lay Analysis*, which contains not only highly offensive, unbridled anti-American comments but also remarks on the "general urge to abbreviate" and the precipitateness with which "every practical need creates its own corresponding ideology."

Two "large-scale variations"—the first versions, both partially rejected by Freud, of *Beyond the Pleasure Principle* and of *Moses and Monotheism*, speculative works stemming from traumatic periods of his life—are the subject of fascinating commentaries by Grubrich-Simitis. The concept of the death instinct appears in a long sixth part of *Beyond the Pleasure Principle* in a typescript version sent to Eitingon that differs from an earlier fair copy; the concept is here given added specificity in accordance with a hypothesis of Fritz Wittels which Freud had previously rejected, not entirely unrelated to the loss of his daughter, Sophie, and of the munificent Anton von Freund. The preparatory manuscripts for his "magnificently singular" work of old age, *Moses and Monotheism*, which Freud kept, are examined from a particularly rich variety of perspectives: the more intimate, more poetic, latently autobiographical "historical novel" of the first version, a character study of Moses, gives way in the version printed to a public statement on the nature of Jewish history, Christianity, and anti-Semitism.

The texts of some of the writings included in the supplement volume to the *Gesammelte Werke* show divergences from the manuscripts because of editorial decisions rather than intentional revisions by the author himself. The essay, "Psychoanalysis and Telepathy," is based on the unofficial text of a lecture called "Preliminary Report," which Freud wished to discuss with members of the Committee in 1921. It indicated that the prophecy pronounced by a fortuneteller concerned the revelation of a wish that is unconscious in the client. Grubrich-Simitis contends that this represents an early instance of Freud's concern with the psychic mechanism of projective identification, a prominent theme in the Freud-Ferenczi correspondence. A passage omitted from the printed version but published by Grubrich-Simitis shows that three works with unrelated subjects dating from different times—those on telepathy, on lies

told by children, and on the disposition to obsessional neurosis—are all based on material from a single analysis.

The author presents a sketch for a future edition of the *Gesammelte Werke*, warning, however, against excessive expectations: we shall not come face to face with a completely new Freud. Grubrich-Simitis is quite firm about lifting the censorship which Freud exercised in the publication of his work. She gives us some reasons for Freud's decision to exclude the so-called "pre-psychoanalytic writings," in particular, his tormenting sense of inability to bring about a fusion of psychoanalysis with the positivism of his erstwhile mentors. She pleads for the integration of the entire scattered early work into the *oeuvre*, particularly as the monograph on aphasia had already laid down the theoretical foundations of psychoanalysis. This would demonstrate not only the intellectual roots of psychoanalysis in the humanities and social sciences but also in the natural sciences. Freud, that "world citizen of culture," drew on Jakob Burckhardt and John Hughlings Jackson. The dual character of psychoanalysis as, so to speak, a "hermeneutic experimental science" (Alfred Lorenzer) would at the same time be strongly confirmed. Freud's late works would also gain in perspective by authentic presentation of the texts in the forms in which they were left behind by Freud; this applies particularly to the manuscript of the *Outline* and the Moses documents. Only then would the originality and greatness of the works of his old age become evident. "By narrating the history of the genesis of the work," writes Grubrich-Simitis, "and revealing hitherto concealed layers of meaning, the new edition could give rise to completely *new ways of reading* and inspire an approach directed toward the future, even perhaps contributing to a genuine Freud renaissance based on his work. It would not be the first time that a critical-historical edition has had a catalytic effect of this kind" (p. 358). Such an edition could clearly constitute the basis for future efforts to make appropriate translations into other languages. As long as the *Gesammelte Werke*, which originated in London during the Second World War, remains the most comprehensive German language edition, then from the point of view of the Federal Republic of Germany the author Sigmund Freud has not yet truly returned from exile.

With this important book, Ilse Grubrich-Simitis once again shows

herself to be worthy of the high international esteem in which she is held as an editor and author.

F.-W. EICKHOFF (TÜBINGEN)

SIGMUND FREUD—LUDWIG BINSWANGER. BRIEFWECHSEL 1908-1938. Edited by Gerhard Fichtner. Frankfurt am Main: S. Fischer Verlag, 1992. 340 pp.

To read the correspondence between Freud and Binswanger is quite a moving experience, mainly because it reveals the lifelong, mutual respect and warmth that permeated their relationship. Beginning with their first meeting in Vienna during a fortnight in 1907, through their additional five personal meetings—the last one encompassing four days in 1936—and their occasional meetings at psychoanalytic congresses, a deep friendship, almost love, developed between the two men. Their correspondence, which continued with varying intensity for thirty years, has now been published by Gerhard Fichtner in its entirety, insofar as documents have been available.

Fichtner's edition is an admirable feat. It offers a conscientious set of footnotes and an excellent introduction. Obviously, the editor has done extensive research; he has, for instance, added the most comprehensive bibliography to date of Binswanger's works. In contradistinction to earlier publications of the Freud-Binswanger correspondence, the letters in this volume have not been censored at all, except that patients' names have been concealed. The book can be compared in quality only to the publication of the Freud-Jung letters.

The *Briefwechsel* includes 195 written documents, mostly letters but also postcards, telegrams, etc. Of these, 116 written messages are from Freud to Binswanger, and 70 from Binswanger to Freud. Nine letters between Binswanger and Maeder, Häberlin, and Anna Freud complete the volume.

Most of Freud's letters seem to have been preserved, but only about half of those written by Binswanger. Almost all of Freud's letters to Binswanger were carefully kept by him and his family, while some of them have been found in the files of patients of the sanatorium Bellevue in Kreuzlingen, Switzerland, where he worked

most of his life. Most of Binswanger's letters to Freud, however, were left in Vienna when Freud moved to London in 1938 and were eventually lost during the war. Thus it is, in fact, fortunate that Freud early on let Binswanger know that his handwriting was "bad" (*böse*) and "abominable" (*scheusslich*), which made Binswanger dictate and typewrite many of his letters and keep the copies for himself. Most of these copies have been preserved, and many of his letters to Freud published here are based on them.

One of the most intriguing questions about Freud's and Binswanger's relationship is why a lifelong friendship emerged between two persons so different in age, personality, intellectual style, and basic convictions. Like many of Freud's other friends, e.g., Fliess and Jung, Binswanger's attitude changed from sheer admiration to a more and more separate and distant view of psychoanalysis over the years, but these divergencies never led to any hostility or rivalry between the two men. They obviously respected and liked each other, enduringly rather than passionately.

In advance, Freud expected positive things from Binswanger as a young psychiatrist enthusiastic about his new science. Binswanger might be able to introduce psychoanalysis into psychiatry, both as an assistant to Jung in Burghölzli and as the son of a renowned, "progressive" psychiatrist, the founder of the Bellevue sanatorium.

This possibility did not prevent Freud from being quite critical. In an early letter to Ferenczi he characterized Binswanger as "highly respectable, serious, and honest," but added that he is "not very intelligent, knows it, and is very modest" (p. 265). After Freud and Binswanger had been pen-friends for almost twenty years, he epitomized Binswanger's personality in a letter to him: "I have there [in a booklet on dreams] found all your traits of character . . . your tendency to agree with everyone, your coolness, and, finally, your correctness in relation to the real object" (p. 217). But he also gave him credit for other capacities: "When reading [your lecture at my eightieth birthday] I enjoyed your beautiful diction, your erudition, the range of your horizon, your tact when you are contradicting" (p. 236).

Binswanger from the beginning to his death admired Freud immensely, even if he, as Freud somewhat sadly noted, increasingly distanced himself from his thinking. His deviation derived partly

from his much better knowledge and understanding of contemporary philosophy, partly from his lack of a profound understanding of Freud's psychoanalysis. In fact, Binswanger did not acquire a deep psychoanalytic experience. Fichtner estimates that from 1909 to 1942 he analyzed twenty-eight hospitalized patients.

To start with, Binswanger was very enthusiastic about psychoanalysis and thought that "almost every patient must be analyzed" (pp. xviii-xix). But forty-five years later (1956) he wrote that it had cost him "ten years of hard work and disappointment" to realize "that only a certain part of our hospitalized patients are suitable for psychoanalysis" (p. xix and p. 72, n. 5). By then he even thought that Freud was wrong about the importance of the infantile component in the etiology of neurosis (p. 28, n. 3) and instead started to develop his own system of thought.

It is astonishing to note the difference between the quite genuine psychoanalytic insights and the intense personal interest in his patients Binswanger demonstrated in his earliest analyses, especially the second one (Gerda, 1911), and his aloofness and conspicuous lack of psychoanalytic understanding in his "*Daseinsanalytic*" cases, presented, for example, in the collection, *Schizophrenie* (1957).

Binswanger was, according to many testimonies, a most gentle and likable man. He was a close friend of a number of the best thinkers and artists of his time and studied their work very seriously but not always with real understanding. His main ambition was to create, as he did, a new form of psychiatric understanding called *Daseinsanalyse*. To this reviewer's mind, he failed. He obviously misunderstood the central thoughts of Heidegger, a fact later on acknowledged even by himself. Similarly, he did not understand the essence of psychoanalysis, at least in his later years, even though he accepted its results and acknowledged many of its basic assumptions.

Binswanger took Freud's own view of his new science as a natural science for granted. He would have known better if he had really understood Heidegger. In *Sein und Zeit* (1927) it was already obvious that Heidegger did not accept the natural scientific "categories," in Kant's sense, as applicable to the study of man as a person (*Dasein*) but wanted to replace them with what he called "existentials," like care (*Sorge*), anxiety (*Angst*), feelings (*Befindlichkeit*), etc.

These concepts, as Heidegger often insisted, are not psychological concepts, and they are far from synonymous with similar psychoanalytic concepts, as Binswanger seems to have believed.

Phenomenology tries to dispense with all theoretical presumptions, while psychoanalysis is explicitly built on theoretically formulated assumptions, i.e., metapsychology, a term that Binswanger did not like and wanted to replace with "metaconscious" (p. 261). I think this reveals his misunderstanding of what Freud meant by the central psychoanalytic concepts of the "conscious" and the "unconscious."

Freud, for his part, must have had difficulty understanding Binswanger. Despite Freud's having been a copious reader, his knowledge of philosophy was rather scanty. Referring to his second visit to Freud in 1910, Binswanger remarked: "It was interesting for me to see how little metaphysical need the would-be speculator Freud possesses" (p. 261). It might be said that it is tragic that Freud's and Binswanger's *intellectual* interaction was doomed to be unfruitful. This was because Freud had no real command of contemporary philosophy, which Binswanger to some extent had, and Binswanger did not really understand what psychoanalysis was all about. However, this incongruity may have been one of the reasons why their friendship lasted a lifetime.

Another reason may be that Freud and Binswanger meant much to each other *emotionally*. In 1912 Binswanger confided in a letter to Freud that he had been operated on not only for appendicitis but also for a malignant tumor of the testicle (pp. 95-97). This made Freud, much to Jung's annoyance, make his only visit to Binswanger in his own home. Similarly, Binswanger visited Freud when he was informed about his cancer. In his diary about this fifth visit to Freud in Vienna he even admitted that he talked to Freud's wife and her sister about his "unhappy love for Freud" (p. 268). Personally, I am not so sure that it was unhappy. They certainly diverged on intellectual matters, but the love seems to have been mutual.

Another reason for Freud's and Binswanger's friendship might be their very different but complementary *psychological* setups. If Freud identified himself with superhuman figures such as Moses, Hannibal, and Alexander, Binswanger identified himself with great humanistic psychiatrists such as Pinel, Eugen Bleuler, and his own

father. Binswanger, twenty-five years younger than Freud, stands out as a genuinely non-narcissistic, altruistic man who all his life longed for great father-figures to admire, and Freud was the one he admired most. Freud was in fact a great man, a conqueror whom many have followed but against whom a great many people have felt compelled to revolt.

The Freud-Binswanger correspondence gives testimony to the, perhaps rare, possibility of a deep personal friendship between a father and a son.

BO LARSSON (NACKA, SWEDEN)

FREUD'S TECHNIQUE PAPERS. A CONTEMPORARY PERSPECTIVE. By Steven J. Ellman, Ph.D. Northvale, NJ/London: Jason Aronson Inc., 1991. 381 pp.

This volume is an ambitious effort to provide not only a modern reading of Freud's writings about technique but also a description of the historical development of Freud's clinical work, which was, of course, the basis of his theorizing about technical issues. The book includes Freud's essays and Ellman's annotations and summaries of a sampling of work by important post-Freudian psychoanalysts. This makes it an especially convenient and accessible resource for students struggling to gain a foothold in the complex mass of psychoanalytic literature on issues of technique. In reproducing Freud's writings, Ellman uses the translations of Joan Riviere rather than the more familiar versions in *The Standard Editon*.

The book is presented in six parts divided into seventeen chapters. Part I is a clear summary of the foundations of Freud's earliest attempts to conceptualize his new clinical observations and includes a review of the case of Dora. Part II is entitled "Transference as a Concept" and contains chapters on the evolution of Freud's understanding of transference, as well as the texts of "The Transference Papers" and a chapter entitled "Contemporary Perspectives" in which Ellman summarizes some of the post-Freudian theoretical contributions to our modern notions of transference.

The format of Part II is repeated in Parts III-V, which are titled, respectively, "Dream Interpretation," "Clinical Practice," and "Freud's Final Views." Each part begins with a chapter outlining the development of Freud's thinking, is followed by an annotated

reproduction of a selection of Freud's writings, and concludes with Ellman's interpretation of the writings of some influential modern psychoanalysts. In each part the author includes summaries of the work of Brenner, Gill, and Kohut, whom he describes in the Preface as having "made substantial contributions [including] relatively complete and systematic views on technique" (p. xiii) which differ from each other in ways that highlight important controversies. Brenner's work is presented as representative of the "classical analyst," whereas the work of the other two authors has "explicitly departed from classical concepts" (p. xiv). When he considers it especially relevant, Ellman also includes discussions of the work of other psychoanalysts, including Bird, the Kris Study Group, J. Novick, and Arlow. In Part VI, called "Integrating Freud's Legacy with Contemporary Views and Experience," there are three chapters describing "Freud's Actual Conduct of Treatment," "The Widening Scope of Psychoanalysis," and "Freud's Positions" on the technical issues addressed in the book.

Ellman never states explicitly for whom this book is written, and I think one of its weaknesses is that it attempts to speak to too broad a range of students of psychoanalysis. The author's approach seems neither elementary enough to address adequately the fundamentals of psychoanalytic clinical theory nor sophisticated enough to appeal to practicing psychoanalysts, giving his commentary a somewhat diffuse and aimless character. Most of the latter group of potential readers, who have themselves wrestled with the moment-to-moment clinical necessity of taking positions on these technical issues as well as with the relevant literature, do not stand to gain much from the contrasts and comparisons of the prominent theorists presented by Ellman. Perhaps the author sees his main audience as the group of psychoanalytically oriented psychotherapists who know something about psychoanalytic clinical theory but who do not have the familiarity with the psychoanalytic literature and modern controversies in the area of technique which most psychoanalysts have. I think that this book offers the most to the psychotherapist wishing to immerse himself or herself deeper in the theory of technique as reflected in the several divergent American points of view described here. It would serve a useful orienting and organizing function for such a person, and through its extensive

citation of references point the way toward more in-depth study of the issues under discussion.

As a practicing psychoanalyst, I found myself disappointed by what seemed to be a relative lack of theoretical breadth and depth. In part this was the result of the anticipation generated by the subtitle—*A Contemporary Perspective*. My reading does not reveal "a" cohesive perspective (which I had presumed would be the author's original synthesis or interpretation) as much as it reacquaints me with multiple, differing, and familiar stances regarding some of the technical issues about which Freud concerned himself. Despite the clarity of Ellman's summaries of the work of Brenner, Gill, and Kohut, which are quite useful as descriptions of some of the major theoretical currents in American psychoanalysis over the last two or three decades, I found his discussion of them to have a peculiarly anachronistic character, particularly in the light of the claim to be "contemporary."

In my view Brenner, Gill, and Kohut are undoubtedly three of the most influential American psychoanalytic theorists in the second half of this century, and I think their inclusion here usefully documents their important contributions. But I do not consider these featured writers to exemplify *contemporary* psychoanalysis and, with minor exceptions, their cited works were published a decade or more before this book. Ellman does say that he selected these three because they have "relatively complete and systematic views on technique," but in my opinion, "complete" and "systematic" are not descriptive of contemporary psychoanalysis. Ellman's focus and perspective as I read them in his book usefully explicate specific theoretical positions but overlook the qualities of innovation, excitement, flux, and even synthesis in the work of many contemporary psychoanalytic writers, some of whom were students of the three featured theorists. The work of people like Schwaber, Stolorow, Mitchell, Hoffman, and others seems to capture much more the spirit and flavor of *contemporary* psychoanalysis. At a time when psychoanalytic clinical theory is the object of so much active thought and debate, the perspective Ellman offers is actually more historical than contemporary. Some of its anachronistic character results from focusing on writers who (because of their chronological position in the development of psychoanalytic clinical theory)

must address their alignment with or divergence from Freud's ideas—an obligation not felt as keenly by more contemporary authors. This makes them relatively easy to describe in terms of their relation to Freud's ideas, but avoids the more difficult task of comprehending Freud's influence or lack of it in the thinking of the rising generation of psychoanalytic theorists.

A more serious weakness, in my view, is a kind of narrowness and superficiality to Ellman's reading of Freud. Much of his commentary on Freud's writing seems to emphasize a belief that Freud might have been clearer or more straightforward in his revisions of theory if only he had possessed the intellectual and emotional fortitude to confront certain clinical phenomena which were too complex or emotionally threatening to grasp. Whereas there is bound to be validity to this perspective, I think it misses a deeper and more synthetic understanding of Freud's thinking about technique. For example, in discussing Freud's approach to transference, Ellman writes that "Freud frequently reverted to what I have called the pathogenic memory model, where he would be content to analyze or reconstruct the patient's past while only minimally dealing with the transference" (pp. 31-32), and that "Freud allows the idea of transference and his earlier ideas about pathogenic memories to linger side by side without his fully reconciling these concepts" (p. 33).

The implication is that Freud was deficient as a clinical theorist. The possibility that Freud's apparent theoretical inconsistency is, in fact, an implicit recognition of the complexities of clinical work for both analyst and analysand is not considered. By way of contrast, Friedman has noted the importance of divided attention for both participants in a clinical analysis and the way in which Freud's continued reference to both of his models facilitates the necessary technical maneuvers. Friedman interprets Freud's continued use of the pathogenic memory model as "a necessary orienting paradigm in treatment even if it does not describe what actually happens"[1] and the *Papers on Technique* as instructions which, far from reflecting theoretical confusion, serve the crucial function of preserving an essential clinical attitude that informs Freud's earlier technique

[1] Friedman, L. (1991): A reading of Freud's *Papers on Technique*. *Psychoanal. Q.*, 60:584.

"even after the grand treatment strategy had outgrown [the early model]."[2] Friedman's view captures the seminal aspects of Freud's conceptual struggle with clinical work, while in my view Ellman attempts to oversimplify.

In summary, the book is a useful and convenient compilation of Freud's papers on technique with clarifying and interesting annotations offered by Ellman. The summaries of other influential theorists' work are informative but of limited value except as documentation of important historical developments in the evolution of psychoanalytic clinical theory in this country.

STEPHEN D. PURCELL (SAN FRANCISCO)

SLOUCHING TOWARDS BETHLEHEM . . . By Nina Coltart. New York/London: The Guilford Press, 1992. 200 pp.

With tempered optimism, the British psychoanalyst Nina Coltart utilizes the metaphor in her title, derived from the poem, "The Second Coming" by Yeats, as the binding theme for her collected papers, disavowing its pessimistic and religious connotations. The metaphor expresses for her the nature of the analytic process, the emerging reality of the patient and the analyst, as the unthinkable, the inexpressible, and the unknown make their appearance. In the case examples she cites, she makes clear her readiness to meet the obstacles to self-expression in the area beyond words, in prolonged silences and somatic detours. Her freedom to interact emotionally with her patients is exemplified in her presentations, with exquisite attention to her patient's productions and behavior, self-awareness, and a regard for context and analytic goals. Her language is fresh and nontechnical. She identifies the analyst's activity on behalf of the patient as love and prescribes the freedom to laugh as a significant element in the interaction. She pictures the analyst as on a tightrope, both objective observer and subjective participant, moving between the therapeutic and nontherapeutic, with interpretation as his or her pole.

She expresses a profound faith (with a small f) in the analytic method. In elucidating her conception of the process, she quotes

[2] *Op. cit.*, p. 594.

Kant's aphorism that intuition without concept is blind and concept without intuition is empty. The analyst "refrains from memory and desire" (Bion). Precipitate control is of little ultimate value. In the context of the poetic and a disavowed mystical streak, she conveys her reliance on careful diagnostic evaluation and a picture of the patient's circumstances and past. In her poetic metaphor, she establishes a delicate balance between the effects of the known and of the unknown, the preformed templates of theory and analytic experience. She warns the analyst that in detecting "the faint shuffle of the slouching beast," one must not yield to the temptation to "throw a set of grappling irons into the darkness, seize it, label it, hang it round with words, and haul it prematurely to birth" (p. 6), thereby creating a deformed monster. Gradually the "rough beast" present in the unthinkable and the inexpressible, "its hour come round at last," "will slouch toward being born" (pp. 2-3).

Coltart's message is clearly expressed in the case examples she offers. She describes the process of an intense engagement in a three-year analysis with a thirty-year-old married transvestite, an only child whose mother suffered a tear during childbirth that resulted in two three-month hospitalizations in his first year of life. His father left the family when the child was two and a half years old. He was employed in the communications field. His facile presentations of dreams and commentary led her to say that the acuity of his insights, calculated to please his mother, might leave his pathology intact. In the cozy therapy, a fusion fantasy with the mother was enacted to cope with fears of separation. Coltart clearly heeded her own warning and worked toward confronting the character defense. The treatment proceeded with the patient sitting up because of his need to face her. In the context of denial, dissociation, and disavowal, the "rough beast" lurked in the shadows. A fierce and violently sexualized father appeared in a dream as a representation of his male self. He fantasied caring for damaged women and dreamed of "Beauty and the Beast." Coltart describes the emergence of aggression from paralysis and protective fantasies, his transference use of her as a mirror woman in masturbation fantasies in which femininity and masculinity were exercised, intermittent heavy drinking in which he succeeded in consummating the marriage and impregnating his wife, the disidentification from his mother and female self in some stormy acting out in promiscu-

ous heterosexuality (with porno reading and transvestitism held in abeyance), and an abrupt decision to leave in three months. Follow-up is reported in which he and his wife had two children, and he subsequently left his wife without further treatment. In a wry comment, Coltart states that he made the move from a withdrawn, impotent, fantasy-ridden transvestite to an aggressive, potent, alcoholic sex maniac. Significant analytic progress is clear in her account.

The author's exposition of the treatment of the silent patient emphasizes that she is referring to patients who speak approximately ten percent of the time, sometimes passing two or three sessions in silence. She has had eight such patients in thirty years. Her description of one case serves to exemplify her faith in and devotion to the analytic process. The patient, a man in his mid-fifties, an unmarried, sexually virginal, powerful captain of industry, experienced the first couple of years of analysis as a welcome opportunity for interchange, with some shallow improvement. In his second year, a gathering storm became evident when he ground to a halt and became violently silent. A variety of analytic interventions was to no avail. Coltart emphasizes that analysis in such cases depends heavily on monitoring countertransference reactions for any clues: "He slouched and humped himself grimly and disjointedly" in and out of sessions, "his gaze shifty, evil, and terrified" (pp. 9-10). Efforts to decode dark projective identifications felt by the analyst were in vain until the analyst was "almost as saturated with despair as the patient" (p. 10). One day, in complete spontaneity, she suddenly got furious and bawled him out for his lethal attack on her and the analysis. Her expression of rage liberated the beast, whose hour had come, and permitted an analysis of its origins that decisively changed the course of the analysis. She complains that the account has earned her a reputation as the analyst who screams. Her analyses are surely gut analyses, but the affective exchanges she describes are very much processed in an analytic transference-countertransference context.

In commenting on the treatment of psychosomatic patients, Coltart refers to her experience with five asthma cases and cases of hysterical somatization. The rough beast is holed up in the body, in the realm beyond words. To cross the mysterious barrier and divine words which translate a dense and enigmatic code, she prescribes

careful analysis laced with inspiration and liberating affects, with the hope of achieving an approximation of understanding. A chapter on the analysis of the elderly poses her seasoned optimistic views, in contrast to Freud's uneasiness, which she regards as ironic in view of Freud's success in his self-analysis. She presents a vivid and fascinating clinical account of the analysis of the silent patient noted above. She describes constructions based on the transference, "illuminating sequential periods of life, as in a play," with a mutual conviction for analyst and patient. The elderly patient is especially motivated by a now-or-never feeling and a reduction in shame and embarrassment as an accompaniment of age. The author sensitively describes the limitations of age as well as limitations in the goals of analysis for the elderly.

Coltart engages primitive character defenses and early developmental experiences and distortions. In her emphasis on emotional interactions as essential in these cases, there is a consonance with our recent literature on enactments and some of the ideas expressed by John Gedo in his book, *Beyond Interpretation*.[1] The author contents herself with powerful illustrations of her method and mode of thought in a clinical framework, with limited theoretical elaboration. She is cognizant of the dangers involved in explosive interactions and freedom of emotional expression for the analyst—the risks of enforced compliance, counteridentifications, self-serving constructions, etc. The key safeguards exemplified in her work are the analyst's self-awareness and ongoing analytic function.

Interspersed among the clinical examples in the book are reflections on morality, superego and sin, philosophy, love, manners, analytic attention and interpretation, religions, and, specifically, a summary description of Buddhism and the uses of meditation in an atheistic pursuit of self-awareness. The unifying influence is the stamp of her personality as it shines through clinical examples and efforts to elucidate basic human concerns in the march of human history and in psychoanalytic encounters. She quotes Freud as disavowing any attempt to provide a coherent philosophy or a moral system. Psychoanalysis is for her a profoundly moral activity, directed at fostering greater freedom in making moral choices and

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

the use of rational will in implementing the potential for such choices.

Coltart describes Freud's development of a theory of the superego in some detail, noting that it is not to be equated with conscience because it is largely unconscious. Observing that psychoanalysts deal with sin and spirituality as much as any twelfth century monk as they work for the cure of souls, she launches into a historical and philosophical analysis of cultural and religious factors in the definition of sin, the distinction between guilt and shame, and the nature of morality. She describes the progressive internalization of moral dilemmas from an external definition of knowledge and rules to the more personalized conflicts and aims of morality. The broad sweep of her survey includes Judaism, Christianity, the Greeks, and Buddhism. Her preference for Buddhism is clearly stated. She notes its practical emphasis on techniques for a deepening awareness of what people are capable of doing with their lives and how they are conditioned, for the purpose of achieving a detachment from their irrational powers. She outlines the principles of Buddhism, describes how they are like and how they differ from a psychoanalytic approach, and makes clear the distinction between her own deepening quest for identity through meditation and her analytic work with patients.

This tightly packed, thin volume is a wise distillation of intense analytic experience with complex personalities at the outer edge of the analytic spectrum. It constitutes a pleasurable reward to the novice and senior analyst alike.

NATHAN SCHLESSINGER (CHICAGO)

THE BIOLOGY OF CLINICAL ENCOUNTERS. PSYCHOANALYSIS AS A SCIENCE OF MIND. By John E. Gedo. Hillsdale, NJ/London: The Analytic Press, 1991. 198 pp.

Gedo introduces this volume by restating his view that "it is not possible to systematize the clinical data obtained through the psychoanalytic method without articulating one's basic biological assumptions" (p. ix). Taking issue with the hermeneuticists, Gedo has remained committed to psychoanalysis as a discipline grounded in biology. Freud's metapsychology, employing a concept of psychic energy derived from nineteenth century materialism, was an effort

to bridge the gap between biological and psychological phenomena under a unifying theoretical framework. Gedo has rejected Freud's metapsychology but has not explicitly formulated his own biological assumptions until now; this book is his attempt to do so. It is not an attempt to review the literature on, or integrate recent findings about, the interface between neuroscience and psychoanalysis. In this sense, the title of this book, *The Biology of Clinical Encounters: Psychoanalysis as a Science of Mind*, may be somewhat misleading one. The term "biology" here refers to Gedo's concept of psychobiology, i.e., the mental processes subserving adaptation. With that in mind, one reads this book for the pleasure of reading Gedo, not for new insights into the biology of the mind-body duality.

Because this book is a highly personal statement and an attempt to place previous work in a consistent context, the reader will find much that is familiar from the author's extensive past contributions. Here, Gedo reiterates his basic views: (1) that personality rests on a hierarchy of personal aims, ranging from the biological needs of the infant through the subjective wishes (conscious and unconscious) of the adult; (2) that personality develops as the result of a learning process, unfolding in an epigenetic sequence as an attempt to meet these needs; (3) that deficits of function (apraxias) and distortions of function (dyspraxias) may occur at any stage, leading to maladaptive patterns of thought and behavior; and (4) that, therefore, not all psychopathology results from conflict. In various ways, the thirteen chapters in this volume discuss the relationships between these theoretical postulates (the hierarchical model) and clinical experience.

The book is divided into four sections. The first is composed of two chapters. Chapter 1 appeared as the foreword to Fred Levin's 1991 book, *Mapping the Mind*. In this chapter, Gedo attempts to correlate the hierarchical model with recent advances in neurophysiological research findings. Unfortunately, this chapter is probably a better introduction to Levin's book than it is to this one, as Levin's is virtually the only work cited. One is disappointed not to find mention of the many researchers whose work on the mind-brain interface might have contributed breadth and depth to this overview. But that is not the main thrust of this book. In Chapter 2, Gedo revisits the nature-nurture controversy, pointing out that these two viewpoints should be seen as simultaneous, mutually re-

inforcing influences on the developing organism, rather than as competing frames of reference.

It is in the second section that Gedo comes into his own. In Chapter 3 he draws on his familiarity with the psychoanalytic literature and the history of the development of psychoanalytic thought. In this very personal chapter, we are treated to a capsule summary of the evolution of his thinking over the course of nearly four decades. He describes the development of the hierarchical model and touches on points of agreement and disagreement with some of the major contributors to our field. This is Gedo in a nutshell.

Chapters 4, 5, and 6 then go on to discuss three clinical syndromes—phobias, obsessions, and affective disturbances— from the vantage point Gedo has just established, that is, from the viewpoint that not all psychopathology is the result of conflict. In Chapters 4 and 5, he attempts to do for phobias and obsessions what Zetzel[1] did for hysteria; he points out that the observable syndromes are not necessarily neurotic but span a range of levels of pathology. Clinical examples in Chapter 6 show how affective crises may result from disruption of a symbiotic relationship that has hitherto kept the patient in equilibrium. In cases of this sort, the external relationship provides a sort of psychological splint to compensate for a missing function (apraxia) in the area of affect regulation.

The third section, From Biology to Clinical Psychoanalysis, is speculative, sometimes provocative, but always thought-provoking. Here Gedo addresses the implications for clinical psychoanalysis of his psychobiological approach. Chapter 7 examines the mutual influence the partners in the analytic dyad have on each other and on the form the analysis takes. In particular, Gedo draws attention to the way technique affects the type of transferences which are produced. In Chapters 8 and 9, he takes up the issue of the distinction between psychoanalysis and psychotherapy and responds to critics who feel he has stretched the definition of analysis too far in an effort to incorporate his own method under the rubric of psychoanalysis. In Chapter 10, Gedo compares the outcomes of traditional

[1] Zetzel, E. R. (1968): The so called good hysteric. *Int. J. Psychoanal.*, 49:256-260.

analyses he conducted early in his career with the outcomes of later treatments conducted in accordance with his new orientation.

The last section considers the impact of the current cultural milieu on the development and acceptance of analytic thought. Chapter 11 looks at the contribution of self psychology from the viewpoint presented in this book. Chapter 12, presented as a plenary address to Division 39 of the American Psychological Association, is a personal reflection on the state of psychoanalysis today and on those characteristics that put a distinctive stamp on psychoanalysis as it is practiced in this country. Chapter 13 looks at trends in the field over the past decade and issues some warnings for the future.

This book is entertaining, highly readable, and certainly stimulating, whether or not one agrees with Gedo's conclusions. However, it lacks the unifying structure of a clearly developed central theme, articulated in a uniform style and voice. It may be described more accurately as a collection of essays, addressed to different audiences, but touching on a common topic. Criticisms of form aside, the book is a must for anyone wishing to gain an overview of the theoretical underpinnings of one of the creative contributors in our field.

ALISON ORR-ANDRAWES (OLD GREENWICH, CT)

WHEN THE BODY SPEAKS. PSYCHOLOGICAL MEANING IN KINETIC CLUES. Edited by Selma Kramer, M.D. and Salman Akhtar, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1992. 210 pp.

Unlike those disappointing books which offer the reader a good deal less than their title leads one to expect, this volume of essays edited by Kramer and Akhtar delivers more. From the title, one anticipates a book which focuses quite specifically on the phenomena of nonverbal behavior and on the way that bodily movements reveal significant aspects of human psychology. Several chapters in the book, in fact, deal with this very issue and they are superb. But the scope and range of this volume, as well as its importance, go well beyond a consideration of kinesics and its dynamic significance.

Containing the papers and the discussions of them read at the 22nd Annual Margaret S. Mahler Symposium on Child Development held in Philadelphia in 1991, this book includes contributions

by eight distinguished psychoanalysts whose essays share a common purpose: to relate the phenomenon of nonverbal behavior as they have observed it in adult patients to Mahler's seminal work on the development of young children.

Questions of particular interest to these authors are whether manifestations of the separation-individuation stage of development and its rapprochement subphase can be identified in adult patients, how and in what way this centrally important developmental phase influences the thinking and behavior of such individuals, and whether interventions aimed at reconstructing and interpreting conflicts related to separation-individuation issues are clinically useful. In his discussion of the papers, Bernard Pacella formulates this challenge in a succinct way.

> A most difficult task confronting the contemporary psychoanalyst is the valid application and integration of the data from early child development research, especially observations of Mahler and colleagues, into psychoanalytic theory and practice (p. 180).

Each contributor to this book approaches the task in a different way. In what is essentially an introduction to the topic of the symposium, Selma Kramer offers an excellent summary of Mahler's work. She presents a brief, poignant clinical vignette about a patient whose slovenly manner of dress and offensive body odor communicated unresolved conflicts dating from his second year as well as an ambivalent identification with an idealized grandfather. She makes the point that patients of this kind, in their use of nonverbal activity and their open expression of emotionality, are reminiscent of children. With such individuals, Kramer points out, the use of certain techniques and insights derived from analytic work with children can prove immensely useful.

In a far-ranging, scholarly, and highly original chapter, Salman Akhtar explores the important, but relatively neglected concept of the search for optimal distance, a phenomenon which plays a significant role both in human development and in the animal kingdom. He demonstrates how this idea manifests itself in certain aspects of culture and society. His explication of the meaning and dynamics of distance as it applies to the immigrant experience is especially interesting. Akhtar's clinical description of what he terms the tether fantasy will be immediately recognizable to his colleagues. His thoughtful and insightful discussion of this fantasy as

it relates to Mahler's formulations traces a clear line between infantile separation-individuation experiences and the later development of tether fantasies in particular individuals. Integrating theory and practice in an exemplary way, his paper makes a valuable contribution.

Complementing Akhtar's paper and illustrating the reverberations of separation-individuation and rapprochement issues in later life, Alvin Frank's account of a patient who was reluctant to use the couch is a model of the thoughtful clinical paper. With great skill, Frank takes us into the consulting room and allows us to share his experiences as he struggles to understand and to work with a difficult and challenging patient. His rich clinical descriptions and his informed reconstructions produce a vivid picture of his patient's early development and the influence of that development on the later course of her life. This paper, which contains interesting accounts of the patient's nonverbal behavior in relation to her conflicts over using the couch, as well as a review of the literature on the couch and its meanings, is, like Akhtar's, particularly valuable in presenting a compelling illustration of the way Mahler's conceptualizations inform and guide analytic work with patients whose early lives have been characterized by traumas, developmental fantasies, and difficulties in navigating the separation-individuation experience.

In a volume of exceptionally fine papers, James McLaughlin's contribution, "Nonverbal Behavior in the Analytic Situation; the Search for Meaning in Nonverbal Cues," stands out as a gem among gems. His colleagues have come to expect unique papers from McLaughlin that combine unusual perceptivity, detailed clinical observations, and searching self-examination in accounts of the analytic process that bring alive the interplay between patient and analyst as few authors can. His contribution to this volume is no exception. He describes his work with two quite different patients, an obsessional, emotionally restricted man and a voluble, confrontative, emotionally labile woman. Demonstrating the way that nonverbal behavior expresses core conflicts (and not just punctuates and modifies verbal behavior, as some authors have maintained), McLaughlin provides a remarkable illustration of how an analyst can use such material to enhance understanding of, and empathic feeling for, the patients' experiences.

Unlike the other authors who see their clinical material as clearly related to rapprochement and separation-individuation issues, McLaughlin has certain questions about this relationship. These he shares with his readers. The evidence for such a connection, he says, is of necessity circumstantial, suggestive rather than conclusive. In discussing the issue of evidence in this way, McLaughlin raises a question that underlines the other presentations. How direct a line, he asks implicitly, can one draw between the psychological experiences of the first two years of life and the symptoms and character traits of adult patients? While he does not attempt to answer this knotty question, the manner in which he discusses the issue, pointing in his clinical material to certain reverberations from the early childhood period, serves as an example of how analysts may utilize this early material.

As an accompaniment to the main papers presented at the Symposium, the book includes the discussions of each presentation. The editors' decision to include the discussions was a good one. Several not only offer interesting commentaries on the papers, but in their own right make valuable contributions to the topic of the meeting.

By means of illustrative examples drawn from clinical work and from art and literature, Phillip Escoll expands and extends Akhtar's concept of the tether fantasy. LeRoy Byerly's and Sidney Pulver's discussions of papers by Frank and McLaughlin add to and enrich these papers. The excellent clinical material presented by the discussants underscores and illustrates many of the points made by the presenters. Of particular interest is Pulver's review of the recent work of psychologists in the area of nonverbal behavior. Describing these studies, he calls attention to certain distinctions that researchers make between various aspects of kinetic behavior as well as to central controversies in the field. Pulver's account of the work of colleagues in an allied field and his comments on the relevance of that work to the analytic situation will be of great interest to anyone who wishes to know more about contemporary studies in the area of nonverbal behavior.

Bernard Pacella's overview of the papers serves a synthesizing function. A colleague of Mahler's and himself an expert in early childhood development, Pacella presents a thoughtful and balanced discussion of Mahler's views and their relationship to clinical

work with adults. Like McLaughlin and Pulver, he raises significant questions about the nature of that relationship. To clarify these issues poses an important challenge to future researchers. While raising these questions, Pacella also affirms his conviction of the fundamental importance of Mahler's research and its relevance to later life.

It should be clear from the above that this is an important book. Rarely does one come across a collection of essays of such high quality. Taken together, they offer the reader a thoughtful and comprehensive discussion of the relationship between certain nonverbal behaviors as seen in the clinical situation and their antecedents in the developing child. Along with the discussions of them, these papers enhance our understanding of certain commonly encountered problems and of the complex relationship between child development research and clinical practice.

THEODORE J. JACOBS (SCARSDALE, NY)

THE CHILD PATIENT AND THE THERAPEUTIC PROCESS: A PSYCHOANALYTIC, DEVELOPMENTAL, OBJECT RELATIONS APPROACH. By Diana Siskind. Northvale, NJ/London: Jason Aronson Inc., 1992. 316 pp.

This book by Diana Siskind, an adult analyst and adult and child psychotherapist, brings to the field of psychoanalysis a refreshing, wide-angle lense on the work of child psychotherapy, viewing all at once the dynamic process between supervisor, therapist, and patient. The relationship of supervisor to supervisee (therapist) and therapist to patient is the framework Siskind chooses to demonstrate clinical application of theory. Within this triad, she offers her reader entry into the intimate, therapeutic work of a six-and-a-half-year-old child, Cleo, and her therapist, Linda Small. Siskind's choice to structure the book this way is creative and, yes, ambitious. She succeeds best in sculpting the roundness of the supervisor's role and the patient's evolution, and in underscoring the essential value of child psychotherapy. She discusses the evaluation process and the first session and thoroughly delineates the technical nuances of a first year of therapy.

By contrast, Linda Small is left in somewhat lower relief. There does not seem to be enough space for Small to emerge in the

process of developing her own style. She proceeds through many of the hours more as an interpreter of the supervisor than as a creative therapist, an artifact, perhaps, of her role as learner in this book's framework. It is here that the structural framework of the book, which uses the supervisory sessions as the vehicle for interpreting theory and demonstrating technique, feels imbalanced. Small, who had had extensive training, sought out Siskind as a supervisor with the goal of treating "children with the depth and scope that she had developed in her work with adults" (p. 1). She wanted to move beyond the feeling that she was "nothing more than a friendly adult or a benign presence with good, common sense to the children whom she treated" (*ibid.*).

One of Siskind's goals in writing the book was to interest adult therapists in "the manifold challenges particular to child treatment, [and] of some of the delightful aspects" (p. 3). Siskind alludes indirectly to the age-old question about whether work with children is a lesser kind of therapy than work with adults. Her response is inferred poignantly in the discussion dealing with the child-patient's feelings of emptiness. In that chapter, "Separation and Individuation Processes," we see Small shine as she speaks to Cleo about using her experience to distinguish "what is real and not real." What follows is one of the many beautiful vignettes. It refers to Cleo's need to fool the therapist in order to feel in control. Cleo tries repeatedly to trick Small.

> Cleo: "Oh, I see a big water bug crawling over your floor."
> Therapist: "Are you trying to trick me like you did once before?"
> Cleo: "Oh, no. There really is a water bug crawling across your floor. It's right next to your chair now."
> (Therapist acknowledges how Cleo likes to fool her, but she knows her office very well and speaks about being here a long time and never seeing a water bug.)
> Therapist: "So it's very hard for me to think that I will see a water bug here because my experience tells me that I have never seen a water bug here; but if you still want me to look, I will look. . . ."
> Cleo: "No, you don't have to look. What's that over your head? I see a big fly."
> Therapist: "Would you like me to look?"
> Cleo: "Yes. . . ."
> Therapist: I looked up at the ceiling and said, "I don't see a fly. Often with a fly you hear a buzz. I don't hear a z-z-z, and I don't see a black dot flying around . . ." (pp. 182-183).

Small reported in her next supervision session: "I talked about how helpful it is when you have experience and can check out what

you see and don't see, and what is real and what is not. Cleo listened and nodded" (p. 183). In this scenario, Small was able to follow the patient's lead and to stay with Cleo's rhythm.

It is in the richness of the clinical vignettes that we experience a supervisor empathically in synchrony with the process. "What a wonderful exchange. You took what could have been one of those empty dialogues and turned it into something really useful" (p. 183).

A highlight of the book is Siskind's discussion with Small on Cleo's emptiness. Here Siskind talks of "the sensitive, smart therapist who might pick up the emptiness in the transference/countertransference manifestations" (p. 178). Siskind is in touch with the patient. She is aware that Cleo may not be able to explain the childhood "climate of emptiness. After all, it would have been her silent norm. But it would probably hang over the treatment situation as a vague presence. The therapist might experience it as a gnawing, but hard to identify frustration, a feeling of not being able to reach the patient" (p. 178). Siskind then projects to Cleo's adulthood: if the emptiness had not been identified and treated when Cleo was a child, it could now be buried within her. The focus of the adult therapist could easily turn to overt issues, such as the family's divorce, the father's violence, or his alcoholism.

Siskind clarifies at the outset that she intends "to present a case that is realistic in all respects" (p. 3). She is careful not to idealize but rather to keep the reader involved in the human aspects of the therapeutic endeavor: "The child could come only once a week. The family situation was difficult. The therapist was often baffled by the material and made mistakes. The supervisor failed to note some of the supervisee's oversights" (*ibid.*). In short, we are told, this is not a model treatment, but it is a "good enough" treatment.

The good enough treatment also parallels the good enough supervision. The supervisor often gives Small just enough insight. At other times, she monitors her theoretical orientation, or gives help on technique. Occasionally, too much is given in supervision. Yet each week the therapist, patient, and supervisor return and continue through the process.

Siskind is highly skilled at weaving clinical technique with theory. One example involves Cleo's summer vacation in which Siskind helps Small to plan concrete ways to keep the therapist-patient

"connection alive." This is exemplified through letter writing on a particular day with particular stationery; even the ink color is important. This theme of constancy is reinforced. A therapist's "steadiness, reliability and capacity to think about the patient when not present" is what is important. She reminds Small that "repetition is very soothing and reassuring" (p. 265).

The author brings out another critically important insight, pointing out that it can take up to a year just to prepare some children for deeper intrapsychic work. She reinforces the distinction between psychoanalysis and psychotherapy: this is not an analysis, where the patient can feel the intensity, consistency, and reliability, but a one-time weekly therapy. Attuned care must be taken to assure constancy and connection.

The theory and technique offered in this book could provide a springboard for class discussions, for example:

> How did you experience the supervisory sessions? Was the supervisor (supervisee) too active, not active enough? Did you have a sense of Small's personal journey as a child psychotherapist? Should Small have seen Cleo's father during the evaluation process? Did her decision to see him at the end of the evaluation affect the treatment process?

This book is a toolbox, ready to be opened. Each chapter emphasizes a different aspect of a child psychotherapy. Siskind succinctly captures the challenge of her book: "It is good to treat children. It gives us a proper sense of humility about the complexities of development" (p. 179).

ROBIN MC CANN TURNER (ST. LOUIS)

PSYCHOTHERAPY: THE ANALYTIC APPROACH. Edited by Morton J. Aronson, M.D. and Melvin A. Scharfman, M.D. Northvale, NJ/London: Jason Aronson, Inc., 1992. 376 pp.

The continued publication of books on psychotherapy suggests that the ultimate *vade mecum* on psychotherapy has not yet appeared; nor, I quickly add, should such a volume ever see the light of day. However, an evident gap has been filled by the volume under review. *Psychotherapy: The Analytic Approach* (its title is tantalizingly ambiguous: is the stress meant to fall on "the" or on "analytic"?)

promptly identifies its audience and its orientation. In the first chapter, co-editor Aronson states that, for the authors, "the primary or overriding principle [in psychotherapy] is emotionally meaningful insight growing out of interpretation of unconscious intrapsychic conflict" (p. 2). Derived from a series of lectures given to a group of "mental health professionals" by members of the Long Island Psychoanalytic Society in 1990, the book is addressed to a "broad middle range" of readers, falling between those for whom the concepts presented may be unfamiliar, and those who may find them "a bit basic."

The first ten chapters are indeed devoted to basic concepts: The Principles of Psychoanalytic Psychotherapy; The Clinical Assessment of Patients; Structuring the Psychotherapeutic Situation; The Therapeutic Relationship and the Role of Transference; Empathy, Countertransference, and Other Emotional Reactions of the Therapist; The Nature of Interpretation; Extratransference Interpretations; Tactics in Psychoanalytic Psychotherapy; Dreams and Acting Out; and Medication and Psychotherapy.

The subsequent chapters are more focused on specific issues: Women in Psychotherapy; Phobic Patients; Hysterical Patients and the Obsessive-Compulsive Personality; Panic Disorder and Agoraphobia; Depression; Borderline Patients; The Narcissistic Personality; The Treatment of Eating Disorders; Psychosomatic Disorders; and Psychotherapy with Older Adults.

Like most multi-authored books, this volume both benefits and suffers from that format. On one hand, the reader benefits from contributions by experts well qualified to write on a given subject. On the other hand, there are, perhaps inevitably, significant disparities among the chapters in respect to their style, format of presentation, language, "depth," and scholarship. For example, in one chapter the author cites 50 references; in another, no references at all are provided. Kohut's name does not appear among the authors cited in the chapter on the Narcissistic Personality, but his name comes up in the chapter on Empathy, Countertransference, and Other Emotional Reactions of the Therapist; Racker is not mentioned in this chapter, but appears in the chapter on The Nature of Interpretation. The chapter on Borderline Patients cites only Kernberg, Knight, and Zetzel. Surely there are at least three or four other authors whose work and ideas on this subject are worthy

of mention. Again, some of the clinical vignettes are gems of condensation whereas others are somewhat schematic.

Limitations of space preclude a detailed discussion of each chapter; a few, however, for different reasons, merit attention.

Scharfman's chapter, Clinical Assessment of Patients for Psychotherapy, is thorough and clear. He stresses the need for the therapist to formulate a diagnosis based on psychodynamic concepts as well as on the descriptive diagnoses set forth in the current and the forthcoming Diagnostic and Statistical Manuals. Scharfman's outline of assessment seems to suggest that either a patient is an appropriate candidate for exploratory psychotherapy[1] (at some point), or he/she is not. And yet, as Scharfman would probably agree, most patients in psychotherapy require and usually receive a mixture of exploratory and supportive treatment. There are also patients who, in the course of treatment, although able to develop a therapeutic alliance and to engage in productive exploratory work, because of intrapsychic conditions and/or external stresses, regress and need an appropriate and adequate shoring up of failing ego functions. Some of these patients may require medication or hospitalization, neither of which precludes a subsequent return to an effective, largely insight-oriented psychotherapy.

Similarly, we have also seen patients who initially seemed quite unable to engage in insight-oriented psychotherapy, but because of the waning of provocative stressors in their life, or because of "ego-building" in supportive therapy, are able to move in the direction of an exploratory process.

In his chapter on the Therapeutic Relationship and the Role of Transference, Scharfman ranges widely and wisely over the relevant issues. One may or may not agree with his emphasis that the transference should not be the "major focus" of exploratory psychotherapy; rather, he stresses, the focus should be on defense interpretation and conflict resolution. Accordingly, he recommends that interpretations of transference should chiefly remain in the area of the "here and now." However, there are patients in exploratory psychotherapy who can benefit from deeper, genetic

[1] Among the terms exploratory, expressive, and insight-oriented psychotherapy, I prefer the last because it most clearly stresses the goal of treatment rather than the process.

interpretations of their transference reactions, despite the limited number of sessions. This becomes much more of a relevant issue when a defense transference develops, and interpretation becomes necessary for the therapeutic process to proceed. I think Scharfman would not disagree with these comments, but it would be useful if he had discussed this matter.

In his brief but helpful discussion of the treatment of borderline patients, Scharfman observes that "even in psychotherapy, these patients often require more gratification, *that is, more supportive treatment*, particularly in the earlier stages of their treatment" (p. 69, italics added). While there may be gratifications, presumably derivatives of neurotic wishes, at appropriate times, such gratifications are not the stuff of which psychoanalytically informed supportive psychotherapy is made. In a word, therapists working in that modality should, specifically, strive to support ego functions that are identified as inadequate for reasonable function.

Interpretation in general, and of transference in particular, is discussed by Robert Chalfin, who combines a somewhat philosophical view with practical comments on the actual handling of interpretation in the therapeutic process. Chalfin's perspective of psychotherapy as forming a continuum (I prefer "spectrum") is also endorsed by David Newman in his chapter on Dreams and Acting Out. Both authors seem to differ from the view that generally dominates the book—that there is a well-defined entity called exploratory psychotherapy that treats a relatively homogeneous group of patients. Instead, Chalfin and Newman envisage a broad range of therapies, ranging from a process whose primary goal is the development of insight, passing through many gradations and mixtures of insight-oriented therapy with supportive work, to a treatment that is fundamentally supportive of significant ego deficiencies.

In an all too brief chapter on Medication and Psychotherapy, Richard Kessler reviews the pertinent literature. He succinctly observes that "when medication is most clearly indicated, exploratory work is either impossible or contraindicated" (p. 164). However, not only may psychotropic medication be indicated in its "own right," but it may "allow the exploratory work to proceed" (*ibid.*). Discussing the psychodynamic aspects of using medication and what it may mean to the patient, Kessler establishes, throughout his

chapter, the need to avoid setting up a dichotomy: medication *or* psychotherapy. It would, incidentally, be of interest to have some data on the use of psychotropic medication in psychoanalysis.

In his chapter on Panic Disorder and Agoraphobia, Kessler explores the biologic and the psychodynamic aspects of panic disorder, and the advantages and disadvantages of using anxiolytic medication. The critical issue, of course, is the necessity, on occasion, to prescribe drugs both to lessen a patient's suffering and to permit a psychotherapeutic process to take place. I was struck by Kessler's comment, in respect to his recommendation that "for the patient with greater preoedipal pathology and structural deficit" one may wean him or her from therapy by gradually reducing the frequency of sessions, that this was a "necessary evil." I wonder why such seemingly appropriate tactics represent a "necessary evil."

This chapter, like the chapter by Kessler mentioned before, has an extensive list of references (76 in number); a more selective choice would probably be more helpful for that "broad middle range of readers" for whom this book is intended.

In his otherwise valuable chapter on Depression, Isidor Bernstein implies that antidepressant medication is indicated only for patients suffering from bipolar illness. Current clinical evidence suggests, however, that such drugs, especially the newer products in the class of the selective serotonin re-uptake inhibitors, are often effective in other forms of depressive illness; accordingly, they may play a useful role in psychotherapy.

Stanley Grossman's chapter on the psychotherapy of Psychosomatic Disorders is a welcome and somewhat surprising contribution. After decades of historic work in this field by analysts, we have in recent years seen few psychoanalytic papers on psychosomatic medicine. Despite many of the overstated claims by earlier authors regarding both the nature and the psychoanalytic treatment of psychosomatic disorders, they powerfully advanced the inescapable conclusion that mind and body are inextricably one. George Engel's comprehensive paradigm of the biopsychosocial nature of all illness has, unfortunately, become a hollow catchword; today one sees individuals who work on the biologic aspects of disease, some on the psychologic, and others on the social aspects, but integration is rare. In his chapter Grossman not only reminds us of the pioneers in psychosomatic research and their work, but brings the field up to

date. The editors of this volume are to be commended for including Grossman's contribution.

One subject that is not dealt with at any length in *Psychotherapy: The Analytic Approach* is the psychotherapy of individuals with drug or alcohol addiction and ego-dystonic perversions. (Serious psychological illness is directly excluded from this book which is primarily and avowedly focused on exploratory psychotherapy.) Admittedly, no volume can be expected to cover every related area, nor can it be criticized for what it does not discuss; still, the aforementioned problems are, at this time, of paramount public and professional concern and controversy. I think that psychoanalysts, though not speaking with one voice, can contribute something of value to these discussions.

Despite the foregoing caveats (and others could be made), I believe that this valuable book should find enthusiastic and grateful readers among all those who practice psychotherapy. It is clear, unpretentious, and well grounded in clinical practice and mainstream psychoanalytic theory. It should be a welcome addition to every psychotherapist's library.

DAVID S. WERMAN (DURHAM, NC)

THE SELF IN EMOTIONAL DISTRESS. COGNITIVE AND PSYCHODYNAMIC PERSPECTIVES. Edited by Zindel V. Segal and Sidney J. Blatt. New York/London: The Guilford Press, 1993. 386 pp.

In an era of managed care and health care reform the search for short-term, effective psychotherapy models has taken on increased significance. There has been no dearth of brief psychodynamic psychotherapy prototypes, often designed and developed by practicing psychoanalysts. However, these therapies, as is true of longer psychoanalytic therapies, have generally not been accompanied by robust research studies which have demonstrated their effectiveness.

Cognitive therapy has attracted interest in recent years, as several impressive studies have indicated that its efficacy for treating depression is equivalent to that of pharmacological treatments. At the same time, there has arisen an increasing interest on the part of practitioners of the psychodynamic and the cognitive therapies (in

common with the diversity of psychodynamic viewpoints, cognitive therapy reflects a variety of theoretical orientations) in the possibility of useful connections between the two. Are semantic differences standing in the way of the appreciation of fundamentally similar theoretical conceptualizations and even congruent underlying assumptions about therapeutic techniques and aims?

The editors of this volume have taken as the possible nexus of the two perspectives the postulate of the self, specifically how the self is viewed and utilized in theory building by each perspective in a variety of clinical conditions. Each diagnostic entity is discussed in two long essays—one written by a psychodynamic author, the other by a cognitive author—and each long essay is followed by a relatively brief commentary on the essay by the author of the other essay. This framework provides a basic orientation on how each perspective views a specific clinical condition, as well as a debate in which the commentaries question assumptions, point out logical inconsistencies, emphasize lack of research validation, and, most interestingly, attempt to elucidate possible convergences in thought. Sometimes they succeed in overcoming a wide disparity in the jargon used by each perspective to penetrate to underlying similarities in assumptions and understandings.

The first part of the book offers an overview of the self construct in the two clinical theories. Two key premises in cognitive theory are: (1) the idea that the self *actively* organizes behavior and responds to contextual cues in mediating between the environment and behavior; and (2) the belief that information processing principles subserve such functions as environmental monitoring, allocation of attentional resources, response selection and behavior—standard discrepancy reduction. The latter function is seen as crucial in several cognitive theories that use feedback loops and cybernetic principles. This approach hypothesizes that human beings use a discrepancy reduction negative feedback process to minimize differences between aspects of the self concept and some other standard that in turn produces self-regulation. The authors of this article, Timothy J. Strauman and E. Tory Higgins, describe their own laboratory studies, which demonstrate "unconscious online effects on mood, physiology, and behavior from activating self-belief structures" (p. 19). Perhaps this indicates the potential of

cognitive theory to evolve into a depth theory, as opposed to a surface, somewhat mechanistic mode of understanding human behavior.

The chapters dealing with depression are of particular interest in view of the primacy of Aaron Beck's early work (1967) in introducing basic concepts of cognitive theory as well as the importance of the research indicating the clinical usefulness of a therapeutic approach based on his theories. Beck introduced his concept of schema, previously used in cognitive psychology most notably by Piaget, to indicate an organized structure of knowledge which is capable of "guiding perception, interpretation, appraisal, and behavior" (p. 15). Beck also developed the idea of the cognitive triad, indicating typical negative self-views of the depressed person. He linked the triad to cognitive distortions which result from biased perceptions or interpretations and which confirm the negative world-view of the depressive.

A further refinement of this model is the notion that there is an environmental trigger, a particular type of adversity, that unlocks elements of a self-representation. Various experimental studies have tended to validate priming-based (environmental trigger) models of construct activation. Further studies have indicated that when patients who have high needs for "affiliation or achievement experience life-stress-related losses in these domains, they are more likely to become depressed than patients who experience noncongruent life stress of equal severity . . ." (p. 148).

Blatt and Susan A. Bers, in their commentary on the paper by Segal and J. Christopher Muran on the cognitive approach to depressive illnesses, note the relative paucity of cognitive research on affects and interpersonal relationships, which Segal and Muran mention as being an important part of self-schema. The emphasis on affect and object relations is obviously a crucial feature of the psychodynamic understanding of depression. Blatt and Bers point out that Segal and Muran have actually developed a procedure that closely approximates projective tests, such as the TAT, in order to study schematic activity and its relationships to various environmental stimuli. This test presents ambiguous stimuli which the patient can use to contribute substantially to her or his own construction of schemas and to introduce affects and relationships with others as part of schematic activity.

Blatt and Bers point out that Segal and Muran's work actually shares a great deal of common ground with psychodynamic conceptualizations. Cognitive research, as noted above, is developing unstructured methods for understanding cognitive structures. It is concerned about the limitations of short-term therapy and recognizes that individual predispositions such as early life experiences play an important part in current responses to life circumstances (implying unconscious mental functioning).

In the essays and commentaries dealing with eating disorders, one has a sense of the extremely divergent ways that cognitive and psychodynamic writers have of looking at and understanding clinical phenomena. Paradoxically, one also has the sense that both are exploring the same entity with some basic similarities in conceptualizations of what is important to understand in these difficult patients—although the formal and semantic cognitive and psychodynamic formulations differ widely. For example, although Howard D. Lerner, the dynamic author, points out the lack of cognitive acknowledgment of the unconscious, he also notes the cognitive authors' (Kelly Bemis Vitousek and Linda S. Ewald) awareness that eating disorders are not undertaken deliberately and that these patients are most often not aware of "the linkage between underlying aspects of the self and symptomatology" (p. 262).

Vitousek and Ewald, for their part, effectively present the phenomenology of eating disorder patients and, in my view, delineate characterological aspects of these patients, such as the ascetic and moralistic elements of the "perfectable self" (p. 239). They speak of a "moral quest" (*ibid.*) and another aspect of the self, grandiosity; indeed they produce a chart of "Aspects of the Self" and a listing of how the functions of anorexic symptomatology gratify or compensate for those pathological aspects of the self (p. 238).

There is general agreement between Lerner and Vitousek and Ewald that there are common elements in the depiction of the typical premorbid personality of patients with eating disorders, as well as some attempts on the parts of the authors to overcome semantic differences. The "unworthy self" of the cognitive authors is similar to Lerner's concepts of fragile self-esteem, heightened sensitivity, and joyless compliance. The cognitive "perfectible self" (p. 290) seems to match the dynamic "omnipotent self" (*ibid.*). Areas of disagreement are concerned with the cognitive theorists'

unwillingness to link distal variables (i.e., early life and other developmental experiences) to disordered eating behaviors because they find a lack of convincing research backing psychodynamic formulations. Rather, the cognitive workers emphasize proximal variables, such as aspects of the self, sociocultural influences, and environmental stressors. They utilize information processing and conditioning paradigms to explain how eating disorders serve a function for patients with particular characteristics.

Space prohibits a detailed discussion of the other clinical conditions covered in this book: Post-traumatic Stress Disorder, Anxious States, and Borderline Disorders. However, in all of the discussions one appreciates the development of a productive dialogue which may lead to greater comprehension on the part of the reader of the similarities and differences between the two traditions. The cognitive therapist uses the construct of self-referent information processing to attempt to help the patient revise self-distortions, with the goal of preventing further distortions and undoing current ones. The development of self-based resources through such procedures as monitoring automatic thoughts, skills training, empathic listening, identifying and appreciating self-worth, and sometimes working with developmental aspects is the hallmark of cognitive therapy. The dynamic therapist, primarily by utilizing various transference paradigms, focuses on the developmental understanding of recurrent maladaptive thinking and behavior which involves self-distortion. The aim of both is the healthy development of the self.

This book will not reveal a great deal to the reader who wishes to learn more about the techniques of either form of therapy; indeed, its focus is really on the theoretical research underpinnings of the two modalities. The psychoanalytically informed reader may enjoy the rather strenuous demands of understanding and conceptualizing familiar clinical material in a new way. For the reader who is open to the possibility that cognitive therapy may be very useful for certain clinical conditions, this book is an extremely valuable resource to support a further study of its technical process.

Further, some of the cognitive theories presented may stimulate the psychodynamic clinician to attempt to integrate particular cognitive methods into the treatment of specific patients who may be more responsive to these methods than to a more classical dynamic

approach (for example, some eating disorder patients). However, I think it is also necessary to add that many dynamic clinicians will find the sections on dynamic considerations familiar and redundant and the sections on cognitive research and theory reductionistic if they are not particularly curious about the fundamental research footing of the cognitive therapies.

MAXWELL H. SOLL (DALLAS)

MIND AND ITS TREATMENT: A PSYCHOANALYTIC APPROACH. By Veikko Tähkä, M.D. Madison, CT: International Universities Press, Inc., 1993. 490 pp.

This massive volume outlines an original hypothesis about psychological development and psychoanalytic treatment of its pathologies. The author is a senior figure of the Finnish psychoanalytic and psychiatric communities, but he has spent several years at the Austen Riggs Center in Stockbridge and has written this book in excellent English. The text does not always make for easy reading, but the difficulty comes from excessive use of the construct language of psychoanalysis and the relative scarcity of clinical reports: the entire book contains only eight case vignettes, taking up a mere six pages.

In a laudatory Foreword, Robert Wallerstein states that Tähkä actually presents us with two separate works, a 150-page monograph on the formation of the mind, and about 300 pages focused on psychoanalysis as treatment. I disagree with this, for Tähkä's theory of development, insofar as it relies on empirical evidence, is entirely dependent on clinical observation. One might question the author's methodology, as his rationale for various technical options is most often based on his conceptions about development, so that his arguments tend at times to be circular. This problem is aggravated by his exclusion of data from fields beyond psychoanalysis. His definition of psychoanalysis, however, is the broadest conceivable, including even the hospital treatment of schizophrenics, so that the practical experience he draws on is impressively wide.

Tähkä is truly an exemplar of "psychoanalytic psychiatry"; it is no coincidence that his book has earned endorsements from such American psychoanalyst-psychiatrists as Otto Kernberg and Vamik Volkan—nor that a disproportionate number of his references to

work by Americans singles out colleagues who treat the gamut of psychic disorders. It is unclear how familiar Tähkä is with our literature as a whole, for he cites other authors mostly when he disagrees with them. In his Introduction, he more or less apologizes for slighting the task of reviewing the existing literature on the vast field he intends to survey.

Although this bow to scholarly convention is reasonably gracious, in my judgment it is not entirely adequate, for the failure to credit many authors with whose work Tähkä agrees yields a text suggesting that almost every good idea originated with him. It is entirely possible that he did, in fact, arrive at many of these conclusions independently, but that would not justify the failure subsequently to cite others who have proposed the same ideas. To mention only one of many such instances: with a certain category of analysands, Tähkä recommends an analytic technique that to me seems identical with Evelyne Schwaber's proposals concerning the optimal technical approach to treatment.[1] Schwaber does not appear in his bibliography, although she has published many papers on this topic. The person who should probably have been cited most extensively as a forerunner for Tähkä is Heinz Kohut, a fact that is barely acknowledged in a single footnote (p. 434). Kohut's principal works do appear in the bibliography, but specifics from them are discussed mostly when Tähkä disagrees with them.

But the major flaw in this enormous effort is Tähkä's adherence to traditional psychiatric nosology. Unlike many contemporary psychoanalysts, he regards the categories of "psychosis," "borderline," and "neurosis" as disease entities rather than syndromes of a heterogeneous nature. (He does, however, postulate two subtypes of neurosis stemming from dyadic or from triadic conflicts primarily.) Nowhere does Tähkä indicate an awareness that psychopathology is always a function of character structure, so that any presenting syndrome is merely a result of the current adaptive responses of the prevailing psychic organization to a specific environmental challenge. Hence he writes as if each person were always subject to the same pathology. In my view, this conception collapses the distinc-

[1] Schwaber, E. (1983): Psychoanalytic listening and psychic reality. *Int. Rev. Psychoanal.*, 10:379-392.

tion between certain models intended to reduce the infinite variety of clinical pictures to a manageable number and the Virchowian concept of pathophysiology.

I have no doubt that Tähkä is a skillful clinician, and his therapeutic prescription in each of the contingencies he considers is entirely sensible. His technical schema is certainly much more sophisticated than is the inflexible application of Freud's classical technique to conditions for which it was never intended (in Tähkä's terms, these are psychoses, borderline states, and dyadic neuroses [more familiarly known as narcissistic disturbances]). Because he proposes the safest possible modality of treatment for every contingency, Tähkä's recommendations will not cause harm even where they may prove not to be optimal (as a result of the excessive rigidity of his schema). I am very much in agreement with his overall idea about psychoanalysis as treatment, i.e., that it consists in promoting structuralization that may yield a more useful behavioral repertory.[2] Yet I believe that his theory of technique is unsatisfactory because, in addition to learning new procedural skills, most patients also need to *unlearn* their maladaptive patterns of behavior, which are generally structured as automatisms.

Another way to put my objection is that Tähkä writes as though all psychopathology consists of an arrest in development (at one of four potential levels of archaic organization). Such global arrests do occasionally occur, but it is more common to find that only a part of the personality has participated in the arrest and another part (often called a false self—an unfortunate designation, but one that manages to convey the actual complexity of mental life) continues to mature. The human being is a creature of shreds and patches. Tähkä overlooks textural variations in a fabric that is dyed a single color. In other words, he conceives of developmental phases and their adaptive tools as though they succeed each other in a linear manner instead of using the concepts of epigenesis and developmental unevenness.[3]

[2] Gedo, J. E. (1988): *The Mind in Disorder. Psychoanalytic Models of Pathology*. Hillsdale, NJ/London: Analytic Press. See especially "The Art of Psychoanalysis as a Technology of Instruction," pp. 211-226.

[3] See Wilson, A. & Gedo, J. E., Editors (1993): *Hierarchical Concepts in Psychoanalysis. Theory, Research, and Clinical Practice*. New York: Guilford.

Even if we disregard the possible role of neurochemical factors or cellular pathology in the etiology of various psychotic syndromes (as does Tähkä), it is by no means evident (as he asserts) that these conditions in adults are merely consequences of some developmental lag. It is much more likely that persons destined to suffer later psychotic episodes have a highly atypical and distorted maturational history. This problem in Tähkä's theory of psychopathogenesis has serious consequences for his developmental psychology, because he makes inferences about the normal, expectable course of development on the basis of clinical findings from the treatment of psychotic patients.

Like Tähkä's book, my review has focused on the issues about which I am in disagreement with the author. There are, of course, countless points on which we agree, although most of these do not involve Tähkä's original contributions. When he is explicating the rationale for his endorsement of one controversial hypothesis in preference to its alternatives, Tähkä is generally clear, logical, and persuasive. That is the main value of this compendium. He is also very good in his prescriptions for the practical management of psychotic and borderline conditions—he suggests skillful methods for teaching these impaired people to cope better. This shows, once again, the great value of his psychiatric experience. This background also prevents him from accepting the current intellectual fad for relativism; at the same time, Tähkä probably does not pay enough attention to the potential role of the analyst in evoking the behaviors on which his diagnostic categories are based.

What is truly original about Tähkä's contribution is his developmental hypothesis. In addition to his reliance on conclusions from his clinical experience, he employs certain unusual philosophical presuppositions. His is a wholly speculative hypothesis (however congruent with inferences based on his observational data, organized in turn in accord with the developmental propositions in question). Tähkä entirely avoids borrowings from other biological disciplines; I am not certain that he even looks upon psychoanalysis as a branch of biology. He is interested only in what he calls "mental experience," and he postulates that all such experience is *motivated*. Tähkä well knows that "mental" capacities are not present at birth, but he does not think it is possible to arrive at valid conclusions about behavior regulation at prepsychological levels.

The claim that all human behavior is dynamically driven—that even the initiation of mental representation must serve some motive—is a form of organismic animism. (If the very earliest mental function comes about from a personal motive, there is a hidden entity that possesses such motives. Such an entity has generally been designated as a "soul.") This is the sort of return to vitalist notions that Freud wished to prevent by anchoring psychoanalysis in the most advanced biological science available. Because Tähkä's psychology confines itself to the realm of subjectivity, there is no room in his schema for what Freud called the *Ucs*; for Tähkä, only mental contents which have undergone repression become inaccessible to consciousness. Moreover, if mental representation is motivated, the infant initially will not register unfavorable experiences. Thus, Tähkä conceives of early life in paradisiac terms; his view is the opposite of Melanie Klein's vision of early life as a veritable purgatory. (Indeed, Tähkä's most passionate arguments are directed against some of Klein's ideas.) How the newborn would judge whether an experience is good or bad remains unexplained—presumably, this is also an effect of the anima Tähkä has smuggled into his version of the human. He disdains borrowings from cognate disciplines and then proceeds to invent a developmental line of cognition. Such are the consequences of refusing to acknowledge that psychoanalysis is a branch of biology. (In my judgment, it is familiar experiences, rather than those an adult believes to be "good," that at first give pleasure. Gradually, manageable doses of novelty create the balance between boredom and overstimulation which we define as "good.")

I must resist the temptation to specify my disagreements with Tähkä's developmental schema. The crux of the matter is his methodology, which is borrowed from speculative philosophy. This conception of the formation of mind leads Tähkä to believe that psychoanalysis should simply promote renewed structuralization through selective identifications with the analyst's behavior. Whatever patients are able to learn from us is very much to the good. In my experience, however, most analytic patients do not suffer from simple ignorance: they have severe problems in being able to learn.

JOHN E. GEDO (CHICAGO)

TRAUMA AND RECOVERY. By Judith Lewis Herman, M.D. New York: Basic Books, 1992. 276 pp.

Trauma and Recovery is a very ambitious book. Its aim is to offer readers nothing less than a unified statement about the psychological impact of diverse forms of trauma and a description of the healing processes needed to repair the consequences of such trauma. It seeks to identify common psychological elements among victims of rape, political torture, and concentration camps, combat veterans, battered women, and the survivors of domestic tyranny and childhood sexual abuse. In the author's words, "I have tried to unify an apparently divergent body of knowledge and to develop concepts that apply equally to the experiences of domestic violence and sexual life, traditional spheres of women, and to the experiences of war and political life, the traditional spheres of men" (p. 4).

In light of the grand scope of the author's intent, it seems to this reviewer that the book has achieved only limited success in reaching its goals. Clearly, Herman deserves credit for addressing some of the most pressing social concerns of our time, which are all too often overlooked in the psychoanalytic literature. (Her first book, *Father-Daughter Incest*,[1] made an important contribution to the mental health literature by calling attention to the impact and incidence of father-daughter incest and childhood sexual abuse). Despite the timeliness and courage of the present volume, however, *Trauma and Recovery* suffers from a number of shortcomings that restrict its value for a psychoanalytic audience.

Most notable among these is Herman's rather skewed and limited approach to Freud. Unfortunately, her views of Freud rest too exclusively and uncritically on the writings of Masson[2] and other authors unfriendly to psychoanalysis. Thus, she does not make clear in her discussion that Freud had good reason for renouncing the seduction theory (it could not support his initial claim to be the *universal* etiological factor in neurosogenesis), and she fails to comprehend the remarkable contribution that resulted from Freud's shift in emphasis to psychic rather than historical reality. She also

[1] Herman, J. L. (1981); *Father-Daughter Incest*. Cambridge: Harvard Univ. Press.

[2] Masson, J. (1984): *The Assault on Truth. Freud's Suppression of the Seduction Theory*. New York: Farrar, Straus, Giroux.

comes to what I feel is a grossly unsubstantiated and tendentiously dismissive conclusion: that psychoanalysis "was founded in the denial of women's reality" (p. 14). The latter seems more of a political than a clinical or historical opinion, one that she endorses because it supports her particular vision of a feminist agenda.

Herman seems unconvinced by the contemporary psychoanalytic view that subjective experience is determined by a dialectical interaction between internal and external factors. As a result, she tends to overemphasize actual events as determinants of psychological experience at the expense of subjectivity and psychic reality. For example, she criticizes Kernberg's claim that childhood objects are internalized as amalgams of fantasied and actual experience and asserts, instead, that internal self and object representations "more likely . . . accurately reflect the early relational environment of the traumatized child" (p. 147). And, when discussing countertransference (pp. 140-141), she suggests that a therapist who has a vivid dream in the imagery of her patient does so out of a process of contagion that she calls "vicarious traumatization." I find such reasoning unsatisfying, because it fails to take into account the psychology of the therapist and does not address the complex problem of how the patient's story or transference engagement becomes linked up with experiences in the therapist's own inner life. Thus, in contrast to a contemporary psychoanalytic view of intrapsychic experience as being determined by the complex interaction between internal fantasy, developmental processes and conflicts, and actual events, Herman seems to hold to an environmentalism that appears simplistic and out of date.

Another area where *Trauma and Recovery* has only limited value in addressing the clinical and theoretical concerns of a psychoanalyst, is in its discussion of the treatment process. While Herman does emphasize the importance of the treatment relationship and a brief section is included on "the traumatic transference," I found her book lacking in a more complex and subtle appreciation of therapeutic engagement and interaction. For example, she wisely cautions against the therapist's need to try to restitute for the damages done to these patients (p. 142) and stresses the importance of the therapist's neutrality: "The therapist does not take sides in the patient's inner conflicts or try to direct the patient's life decisions. . . . The therapist refrains from advancing a personal agenda" (p.

135). She emphasizes that "the first principle of recovery is the empowerment of the survivor. She [the patient] must be the author and arbiter of her own recovery" (p. 133). And yet, Herman also states: "Working with victimized people requires a committed moral stance. The therapist is called upon to bear witness to a crime. She must affirm a position of solidarity with the victim" (p. 135). And she approvingly quotes "an incest survivor" who says, "Good therapists were those who really validated my experience and helped me to control my behavior rather than trying to control me" (p. 133).

Herman does not, however, discuss how we are to reconcile the therapist's role as witness, moral authority, and one who empowers with her espousal of neutrality and the need to allow the victim to be the author of her own process of recovery. As I have argued elsewhere,[3] these are complicated and controversial matters that are yet to be reconciled with traditional views of neutrality and analytic technique. A more thoughtful and sophisticated discussion of these issues would have been greatly appreciated.

To be fair to the author, this book was intended for the lay public and a general audience of mental health professionals, rather than for psychoanalysts. As such, the first half of the book is devoted to descriptions of posttraumatic dissociative phenomena and ends with a justification of the diagnosis of posttraumatic stress disorder. The second half describes Herman's view of the recovery process, dividing treatment for heuristic purposes into stages of safety, remembrance and mourning, and reconnection. There is much good clinical sense in Herman's writing which a less analytically sophisticated audience would do well to heed. For example, her discussion of resistances to mourning and the therapeutic dangers presented by the activation in patient or therapist of wishes for compensation for past trauma, her advice about the importance of the therapist's willingness to seek consultation and peer support, and her cautions about countertransference driven efforts at rescue of traumatized patients are generally sound. They are not, however, written about or conceptualized in a way that addresses the

[3] Levine, H. B. (1990): *Adult Analysis and Childhood Sexual Abuse*. Hillsdale, NJ/ London: Analytic Press.

concerns of a reader who is attuned to the subtleties of the transference-countertransference interaction.

In effect, Herman does not speak meaningfully to psychoanalysts in the terms of our own language, nor does she teach us much about the use of therapeutic methods with which we are less familiar. I find the latter regrettable. There is a great deal more that all of us have to learn about the treatment of patients who have suffered severe trauma as children and adults. Clinicians who are knowledgeable about the use of nonanalytic interventions should have much to offer us. Thus, I find myself disappointed that her description of the place of therapy groups in the treatment of these patients lacked depth and that a more extensive discussion of forms of treatment that are less familiar to many psychoanalysts, such as medications, hypnosis, relaxation techniques, and other physical, interpersonal, and social strategies, was not included.

HOWARD B. LEVINE (BROOKLINE, MA)

THE PERSONAL MYTH IN PSYCHOANALYTIC THEORY. Edited by Peter Hartocollis, M.D., Ph.D. and Ian Davidson Graham, M.D. Madison, CT: International Universities Press, 1991. 413 pp.

This collection of essays resulted from the First International Psychoanalytic Symposium held at Delphi in 1984. Delphi, the site of the Temple of Apollo, the home of the Oracle, related to the ancient, sacred, cultural myths of Western Civilization and linked to Freud's formulation of the oedipus complex, inspired the symposium's organizers, Peter Hartocollis, director of the Hellenic Psychoanalytic Study Group and Professor and Chairman of the Department of Psychiatry at the University of Patras, and Ian Graham, Director of the Canadian Institute of Psychoanalysis, to select the personal myth as the symposium's topic. In reading these papers, one can truly surmise the stimulating effect of this ancient and historic site upon the creativity and imaginations of the participants.

Ernst Kris was the first analyst to describe the "personal myth." He noted that certain analysands substitute a revised and erroneous version of their life histories for the actual facts. He likened this revision to a screen memory and called it a personal myth. It served

important defensive functions, derived from unconscious fantasy, and provided for the symbolic attainment of some gratifications otherwise forbidden. Kris claimed "specificity for a personality syndrome of which the personal myth is the secret core."[1] He intended the concept to apply to a narrow and distinct group of analysands who are difficult to analyze because of their profound attachment to their falsified life-historical "facts." Technically, he called attention to the task of filling in the gaps of memory and revising distortions.

Unfortunately, this core concept is not used with specificity in this volume. Even in Hartocollis's preface, he implicitly broadens the concept to include all falsification of a person's memories for defensive purposes. Furthermore, the myth as a cultural construction is, by analogy, frequently equated with the unique and particular construction of an individual. The distinctions between the concept "myth" as used by mythologists, and the personal defensive and gratifying construction of an individual are blurred. Some of the authors in this collection completely ignore the difference.

Ian Graham's introductory essay, "Conceptual Streaming in Clinical Theory: Personal Myth as a Bridging Concept," emphasizes the idealistic goals of this volume and his overly ambitious attempt to use the concept of the "personal myth" as a device for the integration of the multiple theoretical viewpoints of postmodern psychoanalysis. Neither this essay nor his "Epilogue," nor this collection of papers, succeeds in this bold task, but the reader is challenged by the grand attempt and by the individual merits of the contributions. The definition of the "personal myth" is frequently stretched by the various authors beyond the definition offered by Kris, and many authors use it essentially as an allusion to any motivated distortion by an analysand of his or her history.

Jacob Arlow's contribution, "The Personal Myth," reviews Kris's concept and presents, from an ego psychological perspective, an illustrative example of the analysis of a patient with a mythological false memory of an injury. Arlow emphasizes the concept of shared unconscious fantasy to integrate the phenomena of myth-making at the personal, cultural, and national level. He makes the point, as

[1] Kris, E. (1956): The personal myth. A problem in psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 4:655.

do several of the authors in this collection, that our theories, too, can function like personal or group myths.

In " 'Mythological Encounters' in the Psychoanalytic Situation," Otto Kernberg describes the technical use of metaphor in the analytic situation as a condensed creation linking the general psychoanalytic myth (theory or hypothesis) to the individual and concrete psychological experience under investigation. He considers Kris's concept of the personal myth from the point of view of fantasied past object relations.

Daniel Meltzer's paper, "Facts and Fictions," explores intentional self-deception from the perspective of Melanie Klein's and Bion's concepts. To Meltzer, the personal myth consists of those events of a person's autobiography that are unassimilated unconsciously and thus have never contributed to his or her development. Though correct factually, they lack "autogenous meaning."

André Green's "On the Constituents of the Personal Myth" is an audacious, speculative discussion of Freud's use of myth, especially of the Oedipus myth. Green points out that Freud's concept was based more on Sophocles' tragedy than upon a study of the myth itself. He discerns three viewpoints included in Freud's concept of the oedipus complex, historical, structural, and narrative, which are also components of the construction of myths. Green states that the ego ideal is better thought of as a mythical view of the past rather than as a stage at the beginning of life. He specifically eschews the view that the personal myth is necessarily related to severe pathology. Its purpose, in Green's view, is to give expression to wish fulfillment as a reaction to the disappointments brought by reality.

The final presentation in the first section of the volume is "The Personal Myth and the History of the Self" by Ernest S. Wolf. This paper is a particularly beautiful clinical and theoretical comparison of Kris's "classical" conceptualization of the personal myth with a reconceptualization from a self psychological point of view. Wolf also compares the concept of the personal myth to Winnicott's "false self." He ends his contribution by considering truth and illusion in a clinical and philosophic fashion. Wolf's paper comes as close as any in this volume to fulfilling Graham's ideal of integrating differing theoretical points of view through the consideration of the personal myth. Because Wolf is explicit and respectful of ego psychological and self psychological points of view, and because he

uses specific clinical material from Kris's paper, this essay might be an especially useful addition to the curriculum in teaching psychoanalytic candidates.

The remaining papers in this book are diverse. They are divided into sections entitled, "Freudian Perspectives Revisited," "Personal Myth in Clinical and Applied Psychoanalytic Reconstructions," "Cultural and Philosophic Aspects," and finally, "The Synopsis."

In the last section, "Observations on the Personal Myth and on Theoretical Perspectives in Psychoanalysis" by Robert Wallerstein is an integrative, brilliant discussion of the papers included in this book. It accomplishes exactly what such a discussion should do. It emphasizes similarities and differences among the contributions and highlights concepts that were not included in this symposium and these papers but are relevant to the topic.

There are few grand generalizations to be gleaned from this selection of papers. However, the opportunity to share in the thinking of many great psychoanalysts as they consider clinical material in a context that promotes the emergence of their speculative, creative, and imaginative selves is rewarding, stimulating, and entertaining. The international nature of the contributions makes them especially informative. The unending richness of psychoanalytic thought is well displayed by this collection. Although no overarching integration has resulted from this anthology, it does achieve the objective of demonstrating how many pathways exist to the windswept mountain in Delphi and the maxim it left to the modern world, "Know thyself."

RONALD M. BENSON (ANN ARBOR, MI)

LOST IN FAMILIAR PLACES. CREATING NEW CONNECTIONS BETWEEN THE INDIVIDUAL AND SOCIETY. By Edward R. Shapiro and A. Wesley Carr. New Haven/London: Yale University Press, 1991. 193 pp.

This is an organizational self-help book which examines the relationship between individual and society and offers tools to facilitate the development of meaningful connections between individuals and the institutions to which they belong. It is written by Edward Shapiro, the Director of Austen Riggs Center in Stockbridge, Massachusetts, and Wesley Carr, the Dean of Bristol Cathedral in Eng-

land. Both authors have had considerable experience as professional consultants in a variety of organizational settings. The authors suggest that rapid social and environmental change has wreaked havoc in organizations, resulting in the intensification of conflict among members of different rank and status and in the diminution of a sense of common purpose. Feeling unsure of their roles, unconnected to their organizations, and alienated from each other, individuals experience a sense of being "lost in familiar places."

The authors argue that organizational reform and the development of significant connections among institutional members can be accomplished if consultants and members employ "the interpretive stance" to analyze the situation and make recommendations. The interpretative stance involves identifying individual experience in the context of a role and using such experience with that of others to create "negotiated interpretations" about the organization. The interpretive stance shares with clinical psychoanalysis a concern with unconscious dynamics, affect, and individual subjectivity, and it recognizes that transference and countertransference play a key role in understanding. Consultants do not simply observe behavior and comment on it; instead, they reflect on their internal experience to create hypotheses about the current activity of the group as a whole.

The interpretive stance differs from traditional psychoanalytic approaches because it recognizes that social interactions play an independent role in defining individual experience. The authors illustrate this point with a case example of an analysand who reacted with confusion to her analyst's psychodynamic interpretation of the meaning of an interaction at work because it did not connect with those aspects of her experience that involved her organizational role.

The book is divided into four parts. Part One introduces the reader to the relevant sociological and psychoanalytic concepts which are applied to the study of the individual in an institutional context. These include participant observation, role, status, projective identification, and holding environment. The authors go on to examine the family and how it prepares the individual to participate in groups by providing a model for organizational life. Within family life individuals learn customary ways of relating to authority,

listening to the experience of others, and collaborating around shared tasks. Detailed case studies of disturbed families in psychotherapy are presented to illustrate processes and concepts.

Part Two of the book describes ways of connecting the phenomenology of the family to large organizations. The theoretical constructions of Bion are introduced, with particular attention to his notion that shared unconscious assumptions including "dependence," "fight or flight," and "pairing," can structure organizational behavior and interfere with task performance. Part Three applies the interpretive stance to three organizations in which one of the authors did consulting, including a unit in a psychiatric hospital, a law firm, and a church. The book concludes with a discussion of the relevance of of group analysis, as developed by the Tavistock Institute for Human Relations, for the general study of society.

Lost in Familiar Places is an interesting attempt to explore the relationship between individual and organization and to provide tools to enhance organizational goals and the individual's identification with them. It introduces to lay and professional consultants some useful postulates regarding the roles of "transference" and "countertransference" in organizational experience. The book also has something to offer psychoanalytic practitioners who have leadership roles in institutional settings. Relevant here is the notion that the social as well as the personal experience of individuals of different rank and status should be considered in efforts to reform troubled organizations.

Attempts to do interdisciplinary research to bridge the gap between the individual and society have historically been fraught with pitfalls. *Lost in Familiar Places* is no exception. The strengths of the book are often undermined by conceptual and methodological weaknesses. The authors attempt to integrate too many concepts from diverse analytic frameworks without clarifying the relevant theoretical and substantive problems inherent in the task. This difficulty is exacerbated because the authors do not discuss their formulations within the context of published work from relevant fields, such as consulting, psychoanalysis, or organizational theory. As a result, concepts from each discipline lose their significance when applied to nontraditional realms of experience.

The authors borrow the term participant observation from anthropology and cite the works of psychoanalyst George Devereux.

From a social science perspective, participant observation is a sophisticated methodology which involves long-term intensive fieldwork and researcher self-reflection. The term is meaningless when used to refer to the authors' brief stints of introspective immersion in organizations in which they were hired to do consultations. Similarly, terms like unconscious, projective identification, and holding environment read like superficial "buzz words." They do little to illuminate relevant organizational phenomena in the absence of more detailed explication of the constitution of the unconscious in large scale organizations.

The book contains problems in the relationship between theory and data. At times the research appears "data heavy." Theoretical formulations do not require the amount of space that is used reciting conversational details of psychotherapy with disturbed families. At other times, there is insufficient data to support conclusions. Theories do not always appear grounded in data, and alternative interpretations are viable. Analogies sometimes follow formulations in places where supportive data or theoretical explication would be more useful. The result of these problems is that the authors' interpretions often seem unconvincing. That "the interpretive stance" is defined as "speculative, imaginative and heuristic" does not excuse an apparent lack of theoretical and methodological rigor. Clinical psychoanalysis, psychoanalytic anthropology, and symbolic interactionist research in sociology are all interpretive endeavors which are firmly grounded in theory, methodology, and data.

Despite these limitations, *Lost in Familiar Places* has considerable merit as a psychoanalytically informed study of organizational troubleshooting. It should be part of the library of all readers concerned with institutional reform.

JENNIFER C. HUNT (NEW YORK)

THE PSYCHODYNAMICS OF WORK ORGANIZATIONS. THEORY AND APPLICATIONS. By William M. Czander. New York/London: Guilford Press, 1993. 408 pp.

Freud's publication of *Totem and Taboo* and, later, *Group Psychology and the Analysis of the Ego* set the stage for a movement that even Freud could not have envisioned. These two works, along with his

other writings, reflect his deep and abiding interest in applied psychoanalysis, but always in the direction of scholarly endeavors. He did not foresee the growing interest in the uses of psychoanalysis in mediation and other forms of formal conflict resolution in consulting with organizations. This movement takes the analyst away from the couch and away from therapeutic work with emotionally disturbed patients. Instead of applying psychoanalysis to deepen the insights of educators, or in the scholarly endeavors of sociologists and anthropologists, this new movement fosters a practice based on psychoanalytic theory inside organizations in a consultative role. The object of change and remedial action is the organization as it is affected by the people who exercise authority within it.

If we look for lofty motives—such as the desire to advance knowledge—in order to understand the increasing interest in consulting to organizations, we are looking initially in the wrong direction. Alas, economics plays a large role in turning attention to the possibilities of consulting work in organizations.

The simple fact and point of departure is the scarcity of analytic cases. Psychoanalytic practice is drying up. Once the premier if not the only activity of analysts, clinical psychoanalysis hardly affords a living, let alone a satisfactory return on one's investment in professional training. Analysts do psychotherapy, blurring the distinction between the intensive psychological work of psychoanalysis and the less intensive forms of treatment. As a result of the changing economics of treatment for mental illnesses, psychoanalysts and other practitioners are looking well beyond their offices for profitable sites in which to practice.

Where is the psychoanalyst to turn for guidance in applying his or her skill and knowledge to other fields in which change in behavior and attitude is the desired outcome? William M. Czander, who earned a Ph.D. from New York University, received postgraduate education at Yale University in Social and Policy Studies, and at the Psychoanalytic Institute of the Postgraduate Center for Mental Health in New York City, offers this book as a guide to consulting.

In reading this book as a guide to applying psychoanalysis to consulting in organizations, it would be useful to conduct a thought experiment. Suppose you are a Martian suddenly parachuted to earth, presented with this book, and assigned the task of stating

simply what a psychoanalyst does as a consultant. What would you conclude, assuming this was your only exposure to psychoanalysis and to consulting?

1. The consultant with very limited exposure to people in the organization can reach conclusions about what is wrong. For example, the Dean of Students of a small college asked for consultation because he was concerned that students were drinking too much. The consultant decided he had to take up the presenting problem from the perspective of the "top management" of the institution. He met with the college president, deans, and members of the faculty. He never once met with students to learn from them what they thought and how they experienced the "drinking problem."

2. The consultant likes power. For example, the author states that in order to establish his authority, at the outset of a meeting he announces that the meeting will last two hours. By including and excluding people from meetings, the consultant seems to be elevating and diminishing people's status on the basis of his conclusion regarding the altruism of various actors. Evidently, some people care a great deal about the institution while others care only for their status and job security.

3. People with power are suspect. They tend to foster dependencies, infantilize subordinates, and guard zealously their prerogatives. For example, a budgetary process at a small university engaged faculty and deans in a seemingly "bottoms-up" construction of budgets. The president and his cohorts overturned the budget requests and rewarded the least productive faculties at the expense of the most productive. The consultant's solution to this peculiar budgetary process was to foster a revolution among the ranks of the faculties while simultaneously urging the central administration to absorb the rebellion in the interests of overturning the dependency. What happened to the allocation of funds and budgeting in general is unclear.

4. The consultant offers advice that appears straightforward and relatively uncomplicated. The consultant reflects on his experience in the most complicated way, claiming to use psychoanalytic theory and findings as the language for his reflections. What guides his observations and interventions is unclear, but it stretches the most charitable suspension of disbelief to view his interventions as ap-

plied psychoanalysis or any other social science. For example, a woman started a storefront mental health clinic in a poor neighborhood. She enlisted volunteers and the clinic provided valuable help. Because of its success, the clinic received grants and developed some of the structures of a bureaucratic organization. The entrepreneurial woman, acting as chief executive officer of the now formalized mental health clinic, became unhappy. She was a fish out of water, and the consultant advised her to quit her job and start a new storefront clinic in a different poor neighborhood. She took the advice and benefited personally from the return to the conditions she seemed to prefer. The consultant states (p. 315), "We can assume that the CEO's wish for grandiosity represented an attempt to capture the self-object relations that may have been unavailable in childhood." In the absence of evidence, how can we assume *anything* having to do with the abstraction called self-object relations? The consultant/author seems to get carried away by his associations to the stressful condition of his "consultee." Not only is she seen as grandiose, but also as suffering from narcissistic injury, a paranoid position to which she allegedly regressed. It seems strange, but it appears possible that the advice the consultant gave, at least in this case example, was beneficial but that the advice sprang from common sense and not from anything psychoanalysis teaches.

Reacting along with our visitor from Mars, I would say that the book baffles more than it enlightens. It generally misuses psychoanalytic theory because the author (who refers to himself throughout the book in the third person as "the consultant") presents a rather equivocal picture of himself as a clinical observer. While the psychoanalyst as consultant to organizations seldom, if ever, interprets unconscious conflict and motives (even if he or she has the evidence for such interpretations), the least he or she should do is to observe.

Most of the book is a text on psychoanalysis and on organization theory. The author seems inordinately influenced by the Tavistock Institute's version of organization theory, which seems painfully estranged from the world of observation and explanation. Despite the author's labored efforts to show how systems theory explains what goes on in organizations, it becomes clear that systems theory is not a theory of explanation. At its best, it is a conceptual scheme

that is supposed to order and arrange observations. But it has an inherent pretentiousness where clinical wisdom favors simple language and common sense.

My best advice to psychoanalysts who want to try their hand at consulting work in organizations is first to study the working methods of social anthropologists who are remarkably gifted at fieldwork. Second, take some time and place yourself in an organization as an observer without monetary compensation, and without responsibility for advising people how to solve their problems. Third, write up the field study and include after the narrative what you think is going on in this organization. Fourth, enlist a group of interested colleagues in reading your field study and discussing it with you. Fifth, read other field studies of organizations and save time by avoiding much of the literature on organizational theory. Sixth, and finally, do not confuse what you observe with what you think you *should* observe. The utmost clear-sightedness is just as important in consulting to organizations as it is in clinical psychoanalysis.

Charcot once advised Freud, "'*La théorie, c'est bon; mais ça n'empêche pas d'exister*'" ("Theory is good, but it does not prevent things from existing").[1] A corollary can be added. "Theory is good, but it should not invent facts."

ABRAHAM ZALEZNIK (PALM BEACH)

[1] Freud, S. (1892-1894). Preface and footnotes to the translation of Charcot's *Tuesday Lectures*. *S.E.*, 1:139.

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Mathematics

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ABSTRACTS

MATHEMATICS

Abstracted by Robert Galatzer-Levy.

Areas of development in mathematics that should interest psychoanalysts explore properties of complex systems, chaos theory, the mathematics of competition and cooperation, and the psychology of mathematics. The computer has served as a laboratory for mathematicians to discover that we have faulty "intuitions" about how systems evolve over time. These "intuitive" ideas often result from systematic education that excludes many phenomena of everyday life. This education in turn derives from limitations in mathematical knowledge. Over the past half-century mathematicians have created an ever richer set of tools for exploring the systems that enter everyday life. Starting with cybernetics, briefly re-emerging with catastrophe theory, and finally developed as chaos theory, hyperbole has obscured the substantial accomplishments of the steps toward a mathematical theory of complex systems.

Conceptually, the big news from chaos theory was that on the one hand the real world is in a deep sense unpredictable and mathematically intractable to the kind of effort that classical physicists hoped would reduce it to a clockwork and, on the other hand, that this unpredictability has meaningful structure. Out of chaos theory came the further development, familiar from fractal graphics, that highly complex structures can emerge from simple underlying processes. The study of these emergent structures is called "complexity theory." It shows how simply selective processes can result in the emergence of complex systems. While many introductory books on the subject are as content free as they are breathless, J. Cohen and I. Stewart's 1994 study, *The Collapse of Chaos: Discovering Simplicity in a Complex World* (New York: Viking), provides a clear comprehensible and intellectually solid introduction to the field. Steven Levy's *Artificial Life, the Quest for a New Creation* (New York: Pantheon, 1992) describes one of the more dramatic creations of complexity theory. According to S. Prata in *Artificial Life Playhouse: Evolution at Your Fingertips* ([Computer Program], Corte Madera, CA: Wiate Group Press, 1993), artificial life can be easily pursued on home computers, often to the detriment of one's personal life, but with the reward of a vivid concrete picture of what makes the field fascinating. Not surprisingly, since it promises a complete revision of the way we see the world, like several other mathematical developments of recent times, complexity theory's payoff to date has been less than its promise. Before its publication in 1993, S. Kauffman's *The Origins of Order: Self-Organization and Selection in Evolution* (New York: Oxford University Press) was hyped as the second *Principia Mathematica*, which, predictably, it is not. This led to considerable questioning of the extreme enthusiasm that accompanied early work in the field, such as J. Hogan's 1995 article, "From Complexity to Perplexity" (*Scientific American*, 272[6]). Still the major themes and topics of complexity will almost certainly reshape the discourse of those of us who think about complicated systems.

Since chaos theory has lost some of its glamour, most students of dynamical

systems have gotten on with the hard work of developing its ideas in detail. Those with a strong mathematics background who want a clearer picture of how the field emerged can now read Yoshisuke Ueda's collected papers in *The Road to Chaos* (Santa Cruz, CA: Ariel, 1994). Some authors see chaos theory as including broad new paradigms for thinking about processes. They are optimistic about the possible contributions of these ideas for exploring and modeling psychoanalytic experience (see: Galatzer-Levy's "Psychoanalysis and Dynamical Systems Theory: Prediction and Self Similarity," *J. Amer. Psychoanal. Assn.*, in press). In similar veins, M. Duke's 1994 monograph, "Chaos Theory and Psychology: Seven Propositions" (*Genetic, Social, & General Psychology Monographs*, 120[3]), suggests that "rather than being mathematical or technical, the propositions [of chaos theory] are pragmatic, analogic, or metaphorical"; and S. Krippner's 1994 article, "Humanistic Psychology and Chaos Theory: The Third Revolution and the Third Force" (*J. Humanistic Psychol.*, 34[3]), points to the heuristic value of chaos theory for humanistic psychology. A. Tesser and J. Achee in 1994 return to catastrophe theory to show how models from that early form of dynamical systems theory can inform possible images of social psychological process ("Aggression, Love, Comformity, and other Social Psychological Catastrophes" in *Dynamical Systems in Social Psychology*, San Diego, CA: Academic Press). G. Klimovsky, et al., in a 1994 paper, "Change in Psychoanalysis: Epistemological Aspects" (*Int. J. Psychoanal.*, 75), discuss the qualitatively different kinds of change in psychoanalysis that correspond to some dynamical systems models and their clinical significance. Though arguing for a broader view than chaos theory, R. Langs and A. Badalamenti, in articles published in 1994, assert that formal mathematical theories based in ideas about dynamical systems and various forms of contemporary information theory do hold promise as the basis of a contemporary psychoanalytic science. (See: "A Formal Science for Psychoanalysis, *Brit. J. Psychother.*, 11; "Psychotherapy: The Search for Chaos and the Discovery of Determinism," *Australian & New Zealand J. Psychiat.*, 28.)

Specific application of chaos theory ideas in nearby disciplines gives us some picture of the kinds of applications it might find in our field. J. Goldstein's book, *The Unshackled Organization: Facing the Challenge of Unpredictability through Spontaneous Reorganization* (Portland, OR: Productivity Press, Inc., 1994), applies ideas from chaos theory to organizations. He shows how the reality of spontaneous restructuring should properly reshape thinking about these processes. Others warn that superficial similarities between dynamical systems and psychoanalytic material, combined with enthusiasm for trendy ideas can lead, at best, to much wasted time. (See: C. Denman [1994], "Strange Attractors and Dangerous Liaisons: A Response to Priel & Schreiber, 'On Psychoanalysis and Non-Linear Dynamics: The Paradigm of Bifurcation,'" *Brit. J. Med. Psychol.*, 67[3]; D. Mandel [1995], "Chaos Theory, Sensitive Dependence, and the Logistic Equation, *Amer. Psychologist*, 50.) R. Duncan Luce, for decades a leader in exploring mathematical models in general psychology, in 1995 points to four contrasting features of these models (phenomena logical versus process models, descriptive versus normative models, dynamic versus static models, and noise versus models of structure) that clarify the activity of mathematical model building in psychology. (See: "Four Tensions Concerning Mathematical Modeling in Psychology," *Annual Rev. Psychol.*, 46.)

Psychoanalytic theory as developed in the work of Freud and most later analysts

includes the assumption that personal and Darwinian fitness are properly equated. Darwinian fitness, however, requires the survival of a gene pool, not individuals. It is possible that intraspecies cooperation may be as important as competition in assuring genetic success. So cooperation rather than competition may be a major factor in survival. On a less grand scale, people often achieve personal satisfaction through cooperation rather than competition. Once stated, the qualitative correctness of these ideas seems self-evident. Nevertheless, the extent to which they are good strategies in various situations has been the subject of W. Poundstone's considerable mathematical research in 1992 published under the title, *Prisoner's Dilemma: John Von Neumann, Game Theory, & the Puzzle of the Bomb* (New York: Doubleday). This investigation, too, has moved forward considerably through computer simulations. For complex organisms such as humans the active encouragement of cooperation may be a useful strategy. As one might expect, it is the right mix of strategies that leads to success. A more detailed picture of this mix is gradually emerging, according to M. Nowak, R. May, and K. Sigmund in their 1995 *Scientific American* (272[5]) article, "The Arithmetics of Mutual Help."

Since Plato, people have wondered about the independence of mathematical ideas from the people who know them. In *Embodiments of Mind* (Boston: MIT Press, 1965), you will find that author Warren McCulloch posited in the mid-nineteen forties that the human brain was such that it was compatible with arithmetic. In *Conversations on Mind, Matter and Mathematics* (Princeton, NJ: Princeton University Press, 1995) molecular neurobiologist Jean-Pierre Changeux and mathematician Alain Connes converse brilliantly on the question of the relationship of cognitive psychology and brain science to mathematics. They address issues ranging from the biologically contingent nature of mathematical investigation to the ethics of artificial intelligence. The psychoanalytic reader will be impressed by the rich, untapped sources of investigation for our field that the complex human creation, mathematics, provides.

American Imago. L, 1993.

Abstracted by Thomas Acklin.

The "Real" since Freud: Castoriadis and Lacan on Socialization and Language. David Fel. Pp. 161-195.

Fel studies the meaning of the "Real" since Freud, particularly in terms of the attempt to conceptualize the unconscious as autonomous, yet not completely self-contained, and therefore open to reality. Castoriadis emphasizes the radical discontinuity between the psychic and the biological and social "Real," criticizing Freud for denying the unconscious its own autonomous status by reducing it to the meaning which can be provided through interpretation. This reduction of unconscious being to conscious meaning was also taken up by Lacan, who drew upon the science of structural linguistics to assert the autonomous structure of the unconscious structured like a language. Fel considers how the Freudian "it" presents meaning as mediated by dynamic forces whereas the Lacanian "it" forces meaning to be mediated through the linguistic structure. Laplanche's critique of Lacan's idealism of the signifier is taken up by Fel, who insists that the unconscious always has some positive material content and therefore functions in accord with causal and not merely

symbolical rules. As Castoriadis argues, the psyche has its autonomy as an individual agent in reference to the "Real," and the unconscious is an agent of the "Real" rather than a self-contained autonomous system structured like a language.

Psychopathology, Metaphysics. Alan Bass. Pp. 197-225.

Taking up Heidegger's definition of metaphysics as a recognition of the difference between Being and beings, Bass notes Heidegger's conclusion that the study of being, ontology, must simultaneously and necessarily be theology. For Heidegger, Nietzsche's doctrine of the will to power overlooks this difference and results in a negative theology, whereas Freud's postulation of the unconscious core of our being in the hungry baby's hallucination of the breast constitutes the possibility of ontotheology. The so-called external object has the transcendental possibility of becoming the object of theology since its absence is equated with the wish for eternal presence, as is exemplified in the fetish. The subject is indeed an ontotheological subject, between absence and presence (castration and noncastration), the subject of the wish. Derrida considers Lacan's doctrine of the phallus as signifier, derived from Freud's phallic monism, as inevitably elaborating a transcendental metaphysical doctrine of lack and reappropriation. Rather than achieving fixed identity, there is a more difficult oscillation between difference and opposition.

The Rhetoric of Improvisation: Spontaneous Discourse in Jazz and Psychoanalysis. David Lichtenstein. Pp. 227-252.

Lichtenstein compares the musical improvisation found in jazz with free association as found in psychoanalysis. Improvisation allows a new figure to be revealed that had not existed before, reflective of both the melody and the desire of the improviser. The composition and improvisation by John Coltrane, "Giant Steps," is taken as illustration and compared with some analytic material presented by Anton Kris.

To Have and Have Not: The Paradox of the Female Star. Molly Haskell. Pp. 401-420.

Haskell considers some of the feminist film theory of the 1970's and 1980's, emphasizing Western art's disavowal of feminine sexuality and sexuality of the mother. Although she feels women have always had some degree of agency in choosing to become a sexually desirable object—for example, by posing—Haskell underscores the way in which women are victims of the fear their power inspires. Women have been depicted in film in a crossover of gender, allowing for some release of tremendous anxiety and uneasiness in the face of sexual fluidity and challenges to gender stereotypes.

Phallic Women in the Contemporary Cinema. Krin Gabbard and Glen O. Gabbard. Pp. 421-439.

Considering the dazzling variety of phallic women in film, the Gabbards point out that, more than dealing with the masculine fear that the woman does not possess the phallus, phallic women also portray the power to cross over gender boundaries.

They show the ways in which women in the films *Sea of Love* and *Working Girl* function as a fetish, both denying and confirming that women are castrated. They view the phenomenon of cross-dressing and ambiguous gender as touching on the anxiety over genital differences. The Gabbards conclude that there are any number of ways to understand female power that are not phallocentric, and that do not necessarily involve the crossing of gender boundaries.

Surrealist Cinema. Politics, History, and the Language of Dreams. Sandy Flitterman-Lewis. Pp. 441-456.

Reviewing the cinema of surrealism, Flitterman-Lewis shows how the surrealists mediated between the individual and the collective, the unconscious and the social, and fantasy and reality, considering the discourse of the psyche as one among a variety of discourses. The author explores the structures of aggression used by the surrealists in their films to reorder the perceptions of the viewer and challenge established systems of meaning. Surrealist cinema thereby challenges the distinction between the world of real events and the unconscious world of desire.

Fits and Misfits: The Body of a Woman. Louise J. Kaplan. Pp. 457-480.

The author sees a link between the posture of Charcot's female hysterics and the figure of Marilyn Monroe in her movies, *Niagara* and *The Misfits*. The fetish in these films presents the "has she or hasn't she?" "will she or won't she?" of the phallic woman. Seeing Marilyn Monroe as a fetish proposing a foreground to mask a background, Kaplan reads the background text in the films of Monroe as the repression of female traumas about sexual violence, loss, and female difference. The foreground is the utopian fantasy of a return to the preoedipal mother and rebirth in nature through the hyperidealization of the woman's body. Nonetheless, Kaplan insists upon not privileging the message of the background over the message of the foreground, but rather seeing the discordance or discrepancy between the two and their dynamic relation. The rock star, Madonna, is considered as the return of the repressed Marilyn Monroe, in Madonna's female macho vengeance for the fetishistic exploitations suffered by Monroe.

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Abstracted by William D. Jeffrey.

Three Realms of the Unconscious and Their Therapeutic Transformation. Robert D. Stolorow; George E. Atwood; Bernard Brandchaft. Pp. 25-30.

The authors state that the development of self psychology has necessitated a radical revision of the theory of the unconscious. They describe three realms of the unconscious which derive from intersubjective contexts with early caregivers. The "prereflective unconscious" is the group of organizing principles that unconsciously pattern a person's experiences. The "dynamic unconscious" contains experiences that were denied articulation because they were perceived to threaten needed relationships. The "unvalidated unconscious" involves experiences that were never articulated because they never evoked responsiveness. The prereflective unconscious

is transformed by the investigation of the ways in which the patient experiences the analyst; these are based on developmentally preformed meanings. The analytic process results in alternative modes of experiencing self and others. The dynamic unconscious is transformed through analysis of resistance. The analyst does not retraumatize the patient, but allows the sequestered regions of the patient's experience to emerge and become integrated into the self. The unvalidated unconscious is transformed by the analyst's attunement and investigation, which helps to articulate and consolidate the patient's subjective reality. The authors conceptualize a "self-delineating selfobject transference," which is derived from the unvalidated unconscious.

The Timing of an Interpretation: A Comparative Review of an Aspect of the Theory of Therapeutic Technique. Lawrence Josephs. Pp. 31-54.

The timing of an interpretation is perhaps the most intuitive aspect of analysis and depends upon the analyst's theory of therapeutic technique. Josephs examines 1) the foundational models; 2) deviations toward earlier interpretation of unconscious conflict; and 3) deviations toward increased emphasis on the therapeutic relationship and building psychic structure. He recommends that interpretative work facilitating the preconscious processes (e.g., the abilities to assimilate new interpersonal experience, to verbally formulate nonverbal experience, and to attain self-reflection) is an activity prerequisite to defense analysis. The analyst's nonverbal participation is not just unconscious, automatic, and reactive, but can also be under volitional control. Types of nonverbal communication include providing a holding environment, avoiding premature disruption of selfobject transferences, and allowing enactment without intervention. Josephs suggests that for a particular patient "the more explicit focal awareness the analyst possesses of his or her preconscious volitional strategy of nonverbal intervention, the more accurate will be the self-appraisal of the nature of his or her nonverbal participation."

The Male Patient's Erotic Transference: Female Countertransference Issues. Laura Arens Fuerstein. Pp. 55-71.

Little has been written of the female analyst's countertransference to her male patient's transference. The author presents a clinical case to illustrate her views. Issues in the male patient's transference to the female analyst include 1) fear of the preoedipal phallic and/or seductive mother; 2) fear of the aggressive wishes toward this mother; and 3) the paternal transference wishes to the female analyst. The "nonaggressive and nurturing stance imposed on the female" may conflict with the analyst's probing manner or with the analyst's acceptance of her patient's defining her as more aggressive. When the female analyst is seen by her male patient as "the seductive harlot, frightening Medusa, strong parental rescuer or the ever-flowing maternal breast," her countertransference responses will be crucial in helping him integrate these split-off object representations. She must be able to perceive herself as "the bad breast, aggressor or father, as well as the good breast, nurturer or mother" in order to further the erotic transference and the working-through process.

Anaïs Nin and the Developmental Use of the Creative Process. Susan Kavaler-Adler. Pp. 73-88.

The author's thesis is that Anaïs Nin used the creative process as a way to mourn and to individuate. Nin suffered from narcissistic conflicts which were experienced at a phallic-oedipal level. As a result of a traumatic relationship with her real father, who did not provide mirroring self-reflection and self-affirmation, Nin's desire was focused on the figure of an internal father—an extension of herself with phallic omnipotent connotations. Those narcissistic strivings were contained in a wish for an adoring mirroring reflection from the "masculine other." Kavaler-Adler believes Nin was able to work through her narcissistic pathology by combining poetic and analytic exploration in her writing. She recreated her father and then confronted the fallacies of her idealization, as well as her suppressed anger that had kept her bound to her wishes for his mirroring admiration. Her fictional abandonment of her father was not vindictive but occurred through insight. It involved a renunciation of her idealization and a mourning for its loss.

Introduction: D. W. Winnicott's Cultural Space. Murray M. Schwartz. Pp. 169-174.

Schwartz's article serves to introduce a special issue which contains essays that "celebrate and make use of Winnicott's concepts of transitional objects and the third area of experience."

Religious Thinking as Transitional Conceptualization. W. W. Meissner. Pp. 175-196.

Winnicott's ideas of transitional experience and illusion provide a means for psychoanalytic understanding of religious ideation and experience. Religion is a primary form of transitional phenomena in which symbolic function plays an important role. The use of symbols takes place in the intermediate area of experience designated by Winnicott as illusion. The author compares Winnicott's and Freud's concepts of illusion. Freud oversteps the bounds of logic by considering religion as an illusion equivalent to deception rather than illusion in the sense conceived by Winnicott. Unlike Freud's view of religion as vain wish-fulfillment, religious beliefs are "essential illusions answering to fundamental and ineradicable human needs." However, transitional religious phenomena can be distorted into fetishistic directions and take a perverse magical quality. Psychoanalysis and religion represent separate disciplines and have separate discourse. Psychoanalysis is concerned with psychic meaning of belief, not with the truth or falsity of belief.

Loss and Creativity: Notes on Winnicott and Nineteenth-Century American Poets. Richard Kuhns. Pp. 197-208.

Kuhns examines skepticism, which he considers to have both a philosophical and psychoanalytic developmental aspect. Skepticism is what philosophers call the response to loss. Enduring the loss of childhood has been an important theme of American art. Using concepts developed by Winnicott, Kuhns examines Walt Whitman and Henry Thoreau. The American cultural tradition produced severe dilem-

mas for artists: "In their writings, questions of skepticism take on an urgency that we may understand as a consequence of confrontations the poets experienced as they set their experience in the New World against the lost endowment from the Old." For American writers of the nineteenth century, the "facilitating environment" was capacious and complex, demanding an act of synthesis to establish continuity between old-world tradition and new-world challenges. Artists deal with "parental loss, object loss, doubts about reality and the sustained existence of objects," and "to remedy absence the arts of cultural life reconstitute the lost objects." Kuhns declares "reconstituting a lost object of *one's own past* establishes the first defense against skepticism."

Knowledge in Transition: Toward a Winnicottian Epistemology. James W. Jones. Pp. 223-237.

Freud's thinking developed out of nineteenth century physics, which emphasized the reality of the outer world. It was from this background that Freud attacked religion and philosophy. However, Winnicott moved beyond the dichotomy of the real and the imaginary by proposing a third area which is neither inside nor outside. His view is much different from the empiricist view of reality and the ideal of objectivity. The structure of knowing is laid down in the early interactional relationship, and human knowing is a transitional process. Jones states, "Psychoanalysis is an inherently epistemological enterprise, laying bare the dynamic forces at work in the various forms of human knowing." The author compares Loewald to Winnicott; both describe the creative power of a state of consciousness in which the distinction between inner and outer, objective and subjective, fades. Our reality is shaped by the metaphors, which are transitional phenomena, through which experience is mediated. The metaphors we use create our realities. The alternative to objectivism is not only subjectivity, but the understanding of the world through our interactions with it. This is an "interactionalist epistemology." Jones concludes that no hard or fast lines can be drawn between objective and subjective spheres, which are products of reason and of imagination, respectively. Winnicott's concern was to transcend the dualism of reason and imagination and to reinstate a third or transitional realm—that of imaginative interaction—as a source of knowledge.

The Fetish, Transitional Objects, and Illusion. Abbot A. Bronstein. Pp. 239-260.

Bronstein discusses the relationship between the fetish and transitional objects. He focuses on the role of the mother in the genesis of the childhood fetish that may evolve into an adult fetish. The author reviews the literature and presents clinical material from the analytic therapy of an adult patient. When the parental function of containment of the child's anxiety and impulses is impaired, the child's acquisition of objects for the purpose of controlling his or her internal state may be altered from transitional to fetishistic. The parent selects the transitional object which helps relieve the child's anxieties. When the transitional object is not just a substitute for the mother, but becomes more important than the mother herself, the child becomes addicted to the object and it becomes a fetish. In both the infantile and adult fetish, the ambivalently loved person is replaced by the omnipotently controlled fetish

object. This results in defects in the capacity for illusion, metaphor, creativity, and symbolic function.

The Fire That Never Goes Out. Michael Eigen. Pp. 271-287.

Winnicott wished his terminology to remain "alive and fresh and suggestive of movement," and he affirmed "movement over structure." Eigen uses the story of David and Jacob to illuminate his essay, describing Winnicott's work as "a paean to the sense of creative aliveness." Winnicott does not grant immunity from struggle, but enriches the place we struggle from. The false self has qualities of both toughness and compliance. Winnicott valued indecision, not certainty. The author emphasizes the importance of patients' ability to achieve back-and-forth movement between deadness and aliveness, and between merger and separation.

A Psychoanalytic Weltanschauung. Peter L. Rudnytsky. Pp. 289-305.

The author believes that a psychoanalytic *Weltanschauung* can be developed using the point of view associated with the middle group of British object relationists. His attempt at revision is a two-fold critique of Freud as both man and thinker. Freud's tragic flaw was to prevent genuine intellectual autonomy in his followers. Freud's classical technique differs from the empathic technique derived from object relations because it results in an authoritarian closure rather than a dialectical openness. The middle group, which offers a consistent object relations theory of the personality, has refuted and replaced the economic viewpoint. Rudnytsky considers psychoanalysis as a hybrid discipline between humanistic and scientific modes of knowledge. Object relations theory places psychoanalysis on a sound empirical foundation. However, the clinical practice of psychoanalysis is linked with hermeneutics. In considering psychoanalytic propositions, it is essential to distinguish between evidence gathered from inside and from outside the clinical session. Evidence gathered from outside is subject to empirical corroboration; evidence gathered from inside is context-based and nonrepeatable.

Sublimation: Winnicottian Reflections. Gerald J. Gargiulo. Pp. 327-340.

The author finds that Winnicott's theoretical contributions to the study of object relations are preeminently useful in understanding the concept of sublimation. He examines the classical and contemporary models of sublimation. Freud saw symbol and sublimation in terms of instinct and defense, i.e., desexualization and change of aim. Winnicott's concept of the facilitating maternal holding environment helps in understanding sublimation. Using vignettes to illustrate his thesis, Gargiulo states, "It is . . . this experience of the potential space between the mother and the child, the play area between the me and the not-me, that can give rise to the capacity to interact creatively with one's personal and cultural milieu." He adds, "It is the emotional and psychical conditions of this play area that make sublimation possible." For some patients, therefore, the analyst must conceptualize the patient's communications as reflective of developmental experiences, not as transference enactments.

Psychoanalytic Science: From Oedipus to Culture. Edith Kurzweil. Pp. 341-359.

Kurzweil states that the life experiences of immigrant analysts, including Rudolph Loewenstein, Ernst Kris, and Heinz Hartmann, influenced their theories of ego psychology and adaptation. All experienced the trauma of forced dislocation from Europe in the 1930's. They furthered their professional acceptance by adapting to the culture of the United States as quickly as possible. One way of doing this was by stressing the "scientific" aspect of analysis. Their struggles in the United States also led to their introspection on the subject of adaptation. The author recounts the history of their immigration and highlights the aid given by American analysts. She chronicles the analytic history of the 1940's, including the splits in the New York Psychoanalytic Society and the application of psychoanalytic thinking to the war effort. The émigrés spread psychoanalytic ideas to child rearing, social work, general medicine, social science, and literature.

Sadomasochism and Complementarity in the Interaction of the Narcissistic and Borderline Personality Type. Janet Schumacher Finell. Pp. 361-379.

The narcissistic and borderline personality types complement one another's defensive style. The narcissist is exploitative, grandiose, and dominant, forever seeking admiration and exhibiting an aggrandized self. The borderline experiences humiliation, neediness, helplessness, and terror of being alone. The two can form a powerful complementary dyad in which each identifies with split-off, disavowed emotional experiences found in the other. This dyad can coexist for lengths of time, defensively discharging unwanted feelings. By means of a clinical example, the author demonstrates how a "masoborderline" patient was victimized and humiliated by her "sadonarcissistic" lover. In a second example, a "sadonarcissistic" man enacted disavowed feelings through relationships with "masoborderline" women. In both cases, defensive enactment was enhanced by a complementary, intense, and symbiotic relationship. Complementary dynamics involve defensive identification that utilizes projection, enactment, and externalization—all difficult defenses to analyze. The author warns that more than the usual analytic patience is needed to work through these dynamics.

The Aging Analyst. Margot Tallmer. Pp. 381-404.

Psychoanalysts are in a favorable position to offer insights into how aging affects professional life. In addition to 22 interviews, the author conducted a mail survey to the membership of five analytic societies. She received 113 responses from analysts over 50 years of age. Tallmer examines how analysts change the way in which they practice, including a tendency toward greater freedom in regard to rules, and a tendency to alter technique, allowing greater tolerance for pathology. There was no trend in the frequency of interpretations. The survey showed an inclination toward decreased therapeutic ambitions. Personal expectations were felt to be related to the era in which the analyst received training. The respondents reported an increase in the amount of psychotherapy they perform. One third of the respondents have had a re-analysis. Few analysts experienced age discrimination. Half the sample noted some decrease in memory, with better recall of early childhood. Many were strug-

gling with depression. Tallmer concludes that "urgent existential concerns are resolved idiosyncratically, depending on constitution, life events, cultural milieu, and personality."

The Limbic System: Emotion, Laterality, and Unconscious Mind. R. Joseph. Pp. 405-456.

In an extensive review of the relevant literature, the author emphasizes the importance of the limbic system—the hypothalamus, amygdala, hippocampus, and septal nuclei—in the mediation and expression of emotional, motivational, sexual, and social behavior. Joseph discusses implications of this mediation for aspects of development, including the pleasure principle and primary process. He encourages continued use of the concept of "the limbic system" because of the highly interactional nature of these structures.

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