

External Reality: The Elusive Dimension of Psychoanalysis

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EXTERNAL REALITY: THE ELUSIVE DIMENSION OF PSYCHOANALYSIS

BY MARION MICHEL OLINER, PH.D.

Current psychoanalytic thinking reflects important differences concerning external reality. It is absent from the theories of the hermeneuticists, and it is excessively present in self psychology. Those treating victims of "real" trauma frequently believe that psychoanalysis is not appropriate for their patients. This has led to the unacceptable separation of individuals: those who are traumatized and those who are neurotic. I believe that a review of the role of external reality in psychic functioning is overdue, and the present work is an attempt to reassess our knowledge of this important dimension and to find its proper place in psychoanalysis.

INTRODUCTION

Advances in some areas of psychoanalytic knowledge are usually accompanied by the neglect of other areas that are of necessity relegated to the background. So it is not surprising that the increased attention devoted to psychic reality and the role of unconscious fantasy in structuring the individual's world has led to the assumption that the impact of external reality on the mind is familiar territory. Yet, the psychoanalytic literature reveals important differences among analysts on this subject, which tends to be treated as if it had been sufficiently plumbed and mastered.

In this study, I intend to focus on that elusive but reassuring or disquieting dimension of experience which confirms that something exists out there and is not imagined. The importance of that dimension is illustrated by the fact that try as we may to be sophisticated and remind ourselves that psychic reality is just

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as real, intuitively we attribute reality to that which “really” exists outside the mind and is independent of its being perceived. This affirmation of something being “real,” as important as it is, has been neglected and requires renewed attention. With this in mind, I plan to assess the role played by this “reality” in the psychic economy. I shall not focus on how the world becomes psychologically constituted but how the existence of the world outside and its perception influence the constitution of the mind. I intend to highlight the dynamics of the relief that is inherent in the trust in an orderly, impersonal world, in which one neither has control nor bears any responsibility; and I intend to stress how such a reality limits omnipotence and alleviates guilt. To establish the essential place occupied by material reality and to locate it will entail revisiting old and familiar territory that has not been explored lately. Along the way, I intend to emphasize the complex relationship between the perception and the memory of events on the one hand, and unconscious guilt on the other, because of the importance I attribute to this frequently forgotten relationship.

I intend to show that unconscious guilt has an impact on all spheres of thought, including this attempt at a balanced view of the role played by external reality; I shall therefore begin this study with an assessment of the effect of guilt on psychoanalytic theory and practice. It is tempting to think that one’s theories are based on scientific criteria, but this belief is quickly dispelled by the evidence of the diversity in our field. As Arlow (1981) has shown, unconscious fantasies determine theories of pathogenesis, i.e., theories about the cause of psychic disturbance, and if these fantasies involve the issue of guilt and innocence, the search for the cause becomes accusatory. According to Arlow,

there is a widespread conviction, often unconscious, entertained by patients and analysts alike, that every neurosis is a crime, that the patient is the victim, and that psychoanalytic therapy resembles the work of a detective, piecing together from clues and traces the evidence that will lead to the unmasking of the culprit (p. 336).

In current theories of pathogenesis, the appeal of specificity and the search for someone on whom to blame one's psychological problems are often combined (p. 345).

It is evident that psychoanalysis can, and frequently does, become the search for the culprit, be it in history, in external reality, within the patients, or, especially lately, within analysts themselves. But an assessment of external reality based on the need to find the culprit for the individual's difficulties leads to a very unbalanced picture of pathogenesis in which the patient is a victim and nothing but. It does not advance the study of external reality in its complex interplay with the mind.

Recently Caper (1995) described a different aspect of guilt that obstructs the path of realism among analysts. He takes issue with Strachey's notion that casts the analyst in the role of an auxiliary superego. Instead, as Caper writes,

The analyst's work is mainly directed toward using his ego to place himself in a world different from that of the superego, one of impartial assessment of reality, without any of the moralistic disapproval or approval that is the essence of the world of the archaic superego . . . the analyst is acting as an ego, an agent of reality. . . . By so doing, he incurs the hostility of the archaic superego, both the patient's and his own . . . (p. 100).

Caper's juxtaposition of reality and the archaic superego describes the guilt which interferes with the assessment of reality. His study concerns the manner in which analysis is impeded when analyst and patient suffer from a similar superego restriction that "produces a temporary intellectual deterioration in the analyst" (p. 92). Thus, the analyst's realistic approach to the work of analysis becomes temporarily eclipsed by her or his superego, and consequently judgment is based on morality instead of being assessed by the standards of reality. In the example chosen by Caper, that of the making of a mutative interpretation, the analyst is inhibited because of the unconscious guilt at disrupting the harmonious twosome constituted by patient and analyst submitting to similar restrictions by the archaic su-

perego. It inhibits the analyst's acting as the patient's auxiliary ego, an agent of reality.¹

There are other instances which make it difficult for the analyst to remain realistic. In my opinion, a similar process as that described by Caper is at work in many of the discussions in the analytic literature, especially as they touch upon the treatment of patients whose pathology is intensified by traumatic events. Where external reality plays an undeniably major part, analyst and patient may be united in a premature appreciation of "the patient's experience of events" which "invites assumptions of understanding that the analyst may lack" (Galatzer-Levy, 1994, p. 998). Inderbitzin and Levy (1994) suggest that the analyst's "helpfulness" often overlooks "the analyst's contribution to the strengthening of a specific transference of defense, that of benign protector, utilized by the analysand especially against aggressive transference wishes and impulses" (p. 784). They cite as one of the reasons for this blindspot an "identification with the patient as victim." Because of this identification, the analyst may hesitate to be placed in the role of aggressor, the role attributed to the one who interprets, and may consequently forget that traumatized patients also use external reality and actual historic events defensively. The analyst's identification with the victim hampers the realistic exploration of the patient's libidinal and aggressive wishes, as if this work inflicted further victimization, perpetrated by the analyst.

Implicitly, psychoanalysis is charged with being sadistic in much of the current literature on trauma. These allegations reinforce the guilt of analysts and lead to a confusion among clinicians about the proper role of historic events in the understanding of psychopathology. Not only do analysts frequently overlook the unconscious guilt of victims because the "real" culprit is the abuser, but I believe that it is the unconscious guilt of

¹ Here Caper credits Bion's work on groups to distinguish between a realistic and a moralistic attitude toward cooperation in psychoanalysis.

analysts, the conviction that psychoanalytic exploration of wishes and fantasies is accusatory, which accounts for the analyst's inhibition in exploring the psychic reality of victims and instead giving external reality a privileged position in the treatment.

Whether the uncertainty around the impact of external reality in psychopathology is caused solely by the unconscious guilt of clinicians or simply by the complexity of the problem, the uncertainty is not new: Racamier (1962), a French analyst, remarked that: "Like all those who start to do a little cooking in Freud's pots, I thought to find in his work a psychoanalytic conception of reality that is simple and cut from one piece . . ." (p. 285). He did not. He, as well as Loewald in this country, points out that in Freud's writings, reality is depicted essentially as hostile and forbidding, i.e., it is to blame. According to Loewald (1952), psychoanalysis "has not recognized, in its dominant current, that psychoanalytic theory has unwittingly taken over much of the obsessive neurotic's experience and conception of reality and has taken it for granted as 'the objective reality' " (p. 30). This reality is linked to the father to whom submission is necessary; and it is a view of reality that is one-sided. Freud's theory of the relationship between the reality principle and the pleasure principle, on the other hand, lacks consistency. Essentially, the reality principle is thought to insure the maximum pleasure compatible with the demands of reality, but the notion of reality as being opposed to pleasure also persists. Freud equivocates, too, on which comes first, the reality ego or the pleasure ego, and he makes a case for both views.²

² In this context, it is relevant to remember, as Laplanche (1992) does, Freud's first dual instinct theory in which the instinct of self-preservation or the ego instincts provide direct access to external reality but in the interest of brevity, I intend to remain with Freud's theory of the sexual instincts and recall that in 1915 he refers to certain, not all, sexual instincts that are "adapted to being the vehicle for the development under the dominance of the pleasure principle" (p. 134, n. 2), to which Strachey added "[from the original 'reality-ego' into the 'pleasure-ego']". This led to

Despite these historic and contemporary uncertainties about the rightful place of the impact of external reality, many analysts maintain what is, in my opinion, an unwarranted assurance concerning their knowledge about the place of the outside world in psychic reality. It is only when one view is compared with another, that the divergence becomes evident, and the issue is revealed in all its complexity. There are those who are convinced that psychoanalysis must dispense with external reality while others believe that more of it has to be introduced. There are those who would differentiate between patients who have suffered trauma due to events in their history from those who are debilitated by conflict. It separates the hermeneuticists like Spence and Schafer, who maintain that psychoanalysis can only provide the analysand with a coherent narrative which does not necessarily correspond to events in the patient's history³ from those others who want to bring more external reality into the treatment by discussing the analyst's failure in empathy (Kohut and his followers) and the analyst's actual contribution to the transference reactions of their patients (Smith, 1990). More radically yet, therapists treating victims of known abuse (unfortunately too numerous to mention) claim that classical psychoanalysis pays too little attention to the real events of a person's life to be of use to traumatized patients. This actually led to the discussion in the *Journal of the American Psychoanalytic Association* concerning the successful analysis of a patient suffering from a serious perversion in which Freedman (1978), the analyst, was said not to have paid sufficient attention to the patient's experiences in the Warsaw Ghetto. Implicitly, these critics, prompted by sympathy, set victims apart from the general population, as if classical analysis were an accusation which they must be spared.

Freud's subsequent elaboration on the sexualization of hate, a derivative of the instinct of self-preservation with its direct contact with external reality, into sadism, a vicissitude of libido and its objects in psychic reality.

³ For incisive discussions of this issue see Wolfenstein (1990), Hanly (1990), Reed (1995).

Shevrin (1994) disagrees with this assumption. In his contribution to a recent issue of JAPA devoted to trauma, he recalls "that psychoanalysis came in—at the fault line between presumed sexual seduction at an early age as a cause of neurosis, and the role of fantasy . . ." (pp. 991-992). And indeed, Freud began his interpretation of dreams by investigating the day's residue, consisting of the events of the preceding day, and called it the entrepreneur of the dream. More currently, Arlow (1969) has been unequivocal in his assessment of the importance of external reality. He stated:

There is a mutual and reciprocal effect of the pressure of unconscious fantasy formations and sensory stimuli, especially stimuli emanating from the external world. Unconscious fantasy activity provides the 'mental set' in which sensory stimuli are perceived and integrated. External events, on the other hand, stimulate and organize the re-emergence of unconscious fantasies. . . . Under the pressure of these influences, the ego is oriented to scan the data of perception . . . [to find] consonance . . . with the latent . . . fantasies (p. 8).

Arlow stresses the context in which fantasy is expressed so that his analyses always start with the circumstances that stimulate mental activity. In his famous analogy between conscious experience and a translucent screen upon which images are projected from both sides, inside and out, he speaks of the "final effects [that] could be achieved, depending upon the relative intensity of the contribution from the two sources" (p. 24). Here, I wish to stress Arlow's supposition of two sources. Yet, despite this fundamental commitment to events and material reality in psychoanalytic theory,⁴ the current literature tends to

⁴ In this context it is important to remember that those who follow Klein postulate the innate knowledge of the separation between the self and the object. This introduces more external reality into the psyche than any of the other theories that hypothesize a normal lack of differentiation at birth, referred to as symbiosis or primary narcissism which is not interpreted as defensive, in contrast to the Kleinian interpretation of such states.

suggest that this is not so, and that classical psychoanalysis, with its focus on psychic reality, is insensitive to conditions in external reality such as abuse, poverty, oppression, or the analyst's contribution to the transference. This has led to unnecessary dichotomies⁵ and has created increasing uncertainty within the field as a whole. Ironically, this intellectual climate is an outgrowth of Freud's discovery of the structuring effect of unconscious conflicts, now stripped of its former underpinning in positivism which prevented him from ever seriously challenging the importance of material reality and objectivity.⁶

The important difference between Freud's time and ours lies in the overarching doubt about our ability to assess any reality other than subjectivity. This has brought about a specific reaction among those analysts who are convinced of the central importance of external reality: they attempt to bring it into the analysis in a way that "holds the analyst must choose between reality as totally objectively discoverable and reality as relative, subjective, and unknowable" (Inderbitzin and Levy, 1994, p. 776). They have become the partisans of external reality, and I have the impression that these analysts accuse others who use classical technique, with its emphasis on the associative process, of wanting to maintain a fruitless distance. A 1990 article by Smith exemplifies this attitude.

Smith, who quotes Schwaber in this context, starts his article by deploring the neglect of perception in current psychoanalytic

⁵ For a thorough discussion of the dichotomy between structural, i.e., classical, and relational analysis, see the Winter 1995 issue of *Psychoanalytic Psychology*.

⁶ Psychoanalysis is not unique among contemporary disciplines in this uncertainty about the place of objectivity, truth, and reality other than psychic or subjective. Searle (1993), a philosopher, describes the contemporary trend of rejecting the idea of an objective reality that exists independently of our representation of it, and not accepting the premise by which propositions are true when they correspond to reality. Leary (1994), applying this problem to our field, points out that the "post-modern reconceptualizations of psychoanalysis seem to treat both the patient and the therapist as if each were emptied of memory and the capacity to appreciate that events occur in time" (p. 457). As Hanly (1990) points out, the new approach reveals reasons for conflicts whereas the original intent was to find their causes.

thinking. As an example of his attention to the perceptual cues of the patient, he gives the following illustration: "One day [the patient] complained that I was 'making him work.' 'How do I do that?' I asked" (p. 224). Smith's basis for this intervention, as against waiting or asking for associations, is "to examine the membrane itself, the intrapsychic edge of the object world, the perceptual edge of the transference" and to forestall the "resistance to the experience of the transference or resistance to awareness of the immediacy of the transference and of the cues which fuel that immediacy" (p. 225). Smith cautions that "commonly the analyst, too, would prefer to avoid the immediacy of the transference" (p. 225). He compares his approach, based on the patient's perception which leads into the sphere of the unknown, with the more traditional technique in which the analyst, according to him, is more secure in his knowledge. The reader is asked to accept that the perceptual cue has greater immediacy and involves greater uncertainty for the analyst than does the attention to the patient's feelings or associations. This thesis does not appear compelling to me. I think that by elevating the patient's perceptions of external reality to a higher status of immediacy, Smith minimizes the patient's potential use of reality as a defense and overstates the link between classical technique and the analyst's defenses. The analyst's attention to perceptual cues, a technical device, is actually unlikely to mitigate the analyst's need for distance and authoritarianism. Instead it elevates an accurate perception of external reality to a status that it does not merit in the analysis of transference, which does not involve a statement about external reality. Traditionally, a transference interpretation addresses the patient's subjectivity without implying that the patient's thinking has no counterpart in external reality.

The same idea, that the subjective view of the world by its very nature excludes objective facts, appears to motivate those analysts who believe it to be important to confirm any accurate observation by the analysand. In this matter, I believe as Brenner (1986) does, that it "is beside the point whether a patient's

fantasy about the analyst's life or behavior is accurate or not or even whether it is based in some part on reliable information. There is no 'real relationship' between patient and analyst which is dynamically different from the 'transference relationship.' The important distinction is not between 'reality' and 'transference'" (p. 42). If this is easily forgotten, it is, in my opinion, because assertions about transference connote for some an accusation of fabricating material. It is as if while making a transference interpretation, the analyst were telling the patient that the patient is referring to something that does not exist and that he or she should feel guilty for what he or she imagines. The preference for proving that a reaction is based on perception underscores the uneasiness around the exclusive emphasis on psychic reality because of the close emotional connection between dynamic interpretations and accusation. However, it is not compatible with the analytic enterprise to bring in external reality in order to bypass unconscious guilt that needs to be understood in terms of its origins.

At this point, one may ask what impels me to write a paper on external reality if I am making such a strong case for the analysis of psychic reality. It is precisely this contradiction that has aroused my interest: the conviction that psychoanalysis cannot dispense with external reality; that the best analysts never let their focus on psychic reality detract them from their awareness of external reality; and that whether something is real or imagined is of crucial importance. Still, I do not share the view of those current analysts who are reintroducing external reality into their treatments, because I am convinced that their approach is motivated by guilt, the guilt generated by the widespread notion of a classical analysis that is accusatory.⁷ In my opinion, therefore, the importance of external reality remains to be assessed.

⁷ As an example of this, there is the well-known article by Kohut (1979) on the two analyses of Mr. Z.

THE WORLD OUTSIDE

Inderbitzin and Levy (1994) observed, "It is surprising how little has been written about the role of external reality in neurotic conflict and its effect on psychoanalytic technique" (p. 767). This is due to the evanescence of external reality illustrated by the old saying, "out of sight, out of mind." To some degree it describes how the mind functions. This perishability of the world outside has contributed to the concentration on processes of internalization, and with it the appreciation of the importance of an object's attribute of being in the world outside has been inconsistent: exaggerated by some and neglected by others. It is implied, of course, in the many studies on loss and death, yet has hardly been the focus of study since Winnicott's (1969) differentiation between object-relating and object-usage, wherein the essence of the latter lies in the object's being useful because it is outside.

When I speak of the use of an object . . . I take object-relating for granted, and add new features that involve the nature and behaviour of the object. For instance, the object, if it is to be used, must necessarily be real in the sense of being part of shared reality, not a bundle of projections. It is this, I think, that makes for the world of difference that there is between relating and usage.

If I am right in this, then it follows that discussion of the subject of relating is a much easier exercise for analysts than is the discussion of usage, since relating may be examined as a phenomenon of the subject, and psychoanalysis always likes to be able to eliminate all factors that are environmental, except in so far as the environment can be thought of in terms of projective mechanisms. But in examining usage there is no escape: the analyst must take into account the nature of the object, not as a projection, but as a thing in itself (p. 88).

According to Winnicott, the object's ability to survive the infant's omnipotent destruction is the most important characteristic for its usefulness. If the object can be found intact and

unchanged, it lends itself to object-usage and opens a new avenue of interaction in the development of the infant, where the fact of existing in external reality becomes the all-important criterion. Thus, a reality that has an independent existence can be depended upon. It can meet needs and be gratifying instinctually. Much as external reality introduces the idea of loss into minds unwilling to accept it, nevertheless it lends itself to reinforce denial of loss by making it possible to substitute one perception for the other that is missing. Freud discovered this to be an important component for fetishism, in which the existence of the substitute relieves castration anxiety, just as the screen memory takes the place of another, more troubling one. Here actual perceptions are used to hide conflicted, denied, or affect-laden material, and their reality, their existence on the outside reinforces defenses in a way that mere fantasy is powerless to do. This has been amply discussed in the literature, and it is relevant in the present context because the reinforcing quality of perception yields the conviction of something being really there.⁸

Furthermore, since the use of material reality curtails omnipotence and establishes limits—factual limits that are experienced first as prohibitions whereby “I am not able to do this” is understood as “I may not do it”—material reality exonerates and mitigates guilt.⁹ A number of theorists have studied the close

⁸ According to Balter (1994), the aesthetic illusion which is responsible for the effects of a work of art depends on the work being experienced as real. “It is experiential, a reality felt to exist” (p. 7). Lewin (1948) has pointed out that the concept “reality” often appears as an allusion to or a substitute for the female genital, which would indicate that something is missing and that the reinforcing quality of perception is basically fetishistic. This is a point of view stressed by the French analysts Braunschweig and Fain (1981). Many of their other writings also attribute the privileged status of perceptions to the need for fetishes.

⁹ It is interesting to consider the recent development which leads modern humans increasingly to the conviction that external reality is vulnerable to their destructive potential, therefore it does not limit their omnipotence and is the cause of great guilt. It appears likely that this total reversal of the relationship between the human and the outside world is based on fantasies of omnipotence rather than the reality of the resourcelessness of nature to withstand destruction. My own belief is that nature

connection between reality and the superego (Arlow, 1988; Chasseguet-Smirgel, 1984¹⁰; Stein, 1966¹¹). For this reason external reality can be used as a defense against guilt. I think that the use of reality as a defense goes hand in hand with unconscious guilt. The greater the guilt, the more patients will defend themselves by placing the cause of events outside themselves.¹² (In Kleinian theory, this phenomenon is described as a regression from the depressive position to the paranoid schizoid position, which is difficult to accept by non-Kleinians because this explanatory model relies on the language of infantile mechanisms and severe pathology.) Meltzer (1991) calls this use of external reality "litigious," and I believe that it evokes enactments aimed at actually punishing the culprit, including oneself. Here action takes on a prime importance because it gratifies the need for material restitution or punishment.

For psychic equilibrium, the crucial question concerns not only how external reality is viewed but whether it is sufficiently differentiated, concrete, and limited to contribute to the creation of that other dimension that acts as a container for thoughts, securely distinguished from actions. Ideally, such a space is created through the analytic process; therefore, I think that analysts who respond to the patient in a gratifying or punishing way, remove the analytic space from the field of thinking into the world of action. This causes the process to be less safe for fantasies, leading as they do to consequences in the external world, the analyst's response. It is Winnicott's merit to have

has survived and adapted to catastrophic changes in its long history and that human beings are much more likely to destroy themselves than the planet Earth.

¹⁰ In the majority of Chasseguet-Smirgel's writings, access to reality is embodied in the acceptance of the father's role in procreation, the father serving also as the embodiment of the superego.

¹¹ Stein (1966) abolishes the distinction between the punishing and the loving aspects of the superego when he shows that prohibitions that protect the child from danger stem from the parents before the child learns to assess the reality of the threat.

¹² In their discussion Inderbitzin and Levy highlight the defensive use of reality without linking it specifically to guilt as I do.

demonstrated that the advantages of the experience of a dependable reality, impervious to the vagaries of forgetting and destruction, are more fundamental than its capacity to serve as a source of gratification. Its power to impose limits mitigates omnipotence, the cause of infinite guilt.

External reality, and here the body must be included in those elements which escape omnipotent control, also introduces the element of time. Time in its negative aspect causes the experience of aging, separation, and loss, but it also provides the perspective of evanescence and distance. "This too shall pass" is a phrase used to console ourselves, thus making time into the great healer. With distance comes forgetting and wisdom. Also, it supports the defense of denial, a defense originally defined as being set up against perceptions of outer reality, especially concerning mortality.

PSYCHIC REALITY

Since psychic reality per se has been the main subject of psychoanalytic concerns, it needs to be taken up here only as the counterpart to external reality and as the end-product of the assimilation of sensory stimulation. In contrast to external reality, psychic reality enhances narcissism and omnipotence. It provides a cushion and a container in which the impact of external reality can be absorbed and reworked. Psychic reality is timeless, therefore it provides the personality with the continuity that can be lacking in external reality. The ability to live in a world of one's own supports individuality and the pleasure principle, providing for experiences with personal meaning and structuring them accordingly.

The equilibrium between the two aspects of the personality, the part that is attuned to reality and the part that aims at furthering the continuity of identity has been studied and described in two interesting contributions by Noy (1969, 1979). My own thinking has been more influenced by his work on the

integration between the part of the personality that is attuned to reality and that part devoted to self organization than mere quotations could reflect, but this paper, if it is to remain true to its focus, aims at discussing only one element, the part played by external reality in creating and maintaining our internal world.

THE IMPACT OF PAST EVENTS

The manner in which past experiences are stored has been at the forefront of psychoanalytic interest. Memory is selective, and what is remembered and how, is crucial to the understanding of the mind. Shevrin (1994) pointed out in his recent article, that the results obtained by experimental psychologists enhance our knowledge of the manner in which individuals relate to past events. Coincidentally, and perhaps indicating that external reality is a subject whose time has come again, there appeared in the *American Psychologist* an important summary by Riccio, et al., of research findings concerning memory.

Both sources, Shevrin's summary and Riccio, Rabinowitz, and Axelrod's 1994 article on memory, distinguish between the recall of the response on the one hand and the stimulus that evoked it on the other, and both agree that the response is more durable than the stimulus or the circumstances under which learning occurred. According to Shevrin (1994), the distinction lies between explicit and implicit memory and demonstrates that a response can survive brain damage, whereas the memory of the circumstances under which it was learned are forgotten. What is forgotten has been labeled *episodic* memory, which is contrasted with "*semantic* [memories] insofar as they retain the content of the memory but lack specification of time, place, and person" (p. 994). Shevrin suggests that ordinarily consciousness tags the source but that repression or organic damage can easily compromise this function.

Riccio and co-workers (1994) demonstrate that the phenomenon is more widespread and that, as Freud postulated early in

his career, the memory of stimulus attributes, i.e., the world as we perceive it, is quite perishable. Laboratory experiments that test the memory for unconflicted stimuli demonstrate the perishability of the contact with external reality even when it has acted as a source for learning that has persisted. The authors show that this state of affairs, the forgetting of stimulus attributes and the learning of a response, ultimately leads to the learned response being elicited by an ever widening range of stimuli. "Memory representations appear to become broader and more homogeneous" (p. 917). Generalization takes place over time and stimuli that evoke a learned response can become interchangeable. "*Reality monitoring* depends on the ability to be able to discriminate the attributes associated with each type of event" (p. 921). It has also been found that responses that were inhibited initially because of a change in the stimulus attributes return at a later time, when the capacity to discriminate between the original stimulus and the changed one has been lost.

As the authors indicate, with the loss of memory for situational attributes comes a tendency to ascribe reactions to dispositional factors. Whereas a first reaction may be "I tripped because there was a rock in the road," a later recall of the event might be explained as "I tripped because I was clumsy." With the accent being placed on the tenuousness of the contact with external reality, even in the laboratory, we are of course reaffirmed in the belief in the importance of psychic reality. However, different attributions may be forgotten at different rates, the characteristics of familiarity, repetition, and intensity rendering memory more enduring. The authors conclude with the caution about there being as yet no procedures for equating the strength of "encoding-learning" of each type of attribute, so that comparisons between them are not possible.

The title of the article by Riccio, et al., "Memory: When Less Is More," refers to an interesting paradox which suggests that the less we remember, the more we respond, stressing therefore that memory for events helps to discriminate between circumstances that evoke a reaction. None of this is new to analysts,

especially to those who believe in the value of the recovery of memories and the technique of reconstruction. But, as Freud (1899) discovered early in his career, nothing is ever this simple, and he found two classes of memories that are not forgotten. He thought that the first class, the memory for important events, was self-explanatory: these events are remembered because of their importance for the individual. It was the second class, screen memories, which puzzled him because of their relative triviality compared to the accuracy with which they are remembered. As he discovered later, these memories owed their persistence to their being a compromise between the inability to forget and the wish to do so. The emotionally charged events were concealed behind the innocuous screen of accurately remembered events. This confirmed Freud's basic assumption about memory: important events are remembered accurately and thereby escape the general laws of forgetting. They provide us with an internal replica of the events in our lives and therefore a reliable picture of external reality that complements subjectivity.

However, conscious memory is not necessarily the only criterion by which the impact of external reality can be judged. Implicit memory, as described by Shevrin (1994), demonstrates that external reality, or situational cues, have the power to modify the dispositional schemata with which they become merged. As the memory for the stimulus attributes fades and responses become more generalized and less situational, the forgotten situation is still being "remembered" enough to allow for changes in response. Maturation would be unthinkable without the assumption of changes in the internal world caused by the material reality of aging. Despite the capacity to return to childhood, we are also capable of "acting our age." Likewise in analysis, as session merges into session, and each one over time loses its specificity, responses become more specific. The patient enters analysis reacting to the analyst with global transferences, and as the analysis progresses, transference becomes more analyzable, in that it concerns increasingly the person of the analyst related

to specific situations in the past. Yet, change frequently occurs before and without the advent of insight. External reality, the actual analytic contact, has played its part without being known or necessarily remembered. The fact that at this level, analysis might be the agent for the gratification of an unconscious fantasy and not the vehicle for insight does not take away from the importance of the event: the actual daily contact with an analyst who maintains the frame. I believe that it is the actual survival of the analyst and the process that leads to its usefulness, and therefore it must be real and not imagined. These instances of external reality changing psychic reality illustrate the mystery surrounding the place occupied by specific stimuli. Their independent existence in material reality is crucial yet more difficult to identify than transference.

UNUSUAL EVENTS—UNFORGOTTEN PAST—TIMELESS MEMORIES

In contrast to the working of external reality in implicit memory as described above, the influence of stimuli that appear to be forgotten, other experiences and the specific circumstances in which they occurred, are not forgotten, and details do not fade over time. These memories have a special fate which causes external reality to retain the status of a stimulus that is always perceived and present; the element of distance and time does not necessarily govern the way these events are re-experienced. They tend to live on in an eternal present and have been described in this way by many observers, notably Laub and Auerhahn (1993) and Langer (1991). Laub and Auerhahn describe these in the following way: "In this form of . . . memory, the centre of experience is no longer in the experiencing 'I'. Events happen somewhere, but are no longer connected with the conscious subject" (p. 291). ". . . fragments are 'recalled' without the individual knowing that the 'I', or subject who experienced the event, is different from the one who recalls it—there is a

collapse of the two at the moment of 'recall', with no reflective self present. The experience simply *happens*—without any subject whatsoever" (p. 291). "The memory is timeless, the image frozen" (p. 295). And they refer to the memory's encapsulated quality. These memories owe their special fate, different from the manner in which the memory for events functions generally, to the difference in the manner in which they are integrated and assimilated. Because of their special nature, they remain present, unextinguished, within the personality. They remain there as facts of events that actually took place.

The need to keep certain elements of reality encapsulated creates an ever-present reality that cannot do its job of weakening with time and functioning as the exonerating limits to unconscious fantasy to which events outside omnipotent control can lend themselves. Instead the memory remains separated, and only a small fraction selected according to its relevance to unconscious fantasies penetrates that segment of the personality that uses external reality. The memory has a status "outside" which coexists with the other, more assimilated parts of the personality: this reality cannot be forgotten and it cannot become integrated in such a way that the maturing "I" sees itself as a person having lived through certain events and having been modified by them. Since the encapsulated memory of that reality is deprived of a personal meaning, the events happen, they belong among those described by Meltzer (1991) as not being "available for the evolution of a new idea"; instead, they constitute "events in which the attention to the experience was so split . . . that the unconscious processes were forestalled from operation" (p. 60). I believe that Meltzer's allusion to splitting refers to what at times can also be called the isolation between the total attunement to reality and the sense of self as it exists apart from the external reality, depending on the extent of the emotion attached to the memory.

In his 1991 book, *Holocaust Testimonies*, Langer, who is not an analyst, describes memory in more literary terms. It is all the more striking that his ideas about integration or the lack of it

correspond to Meltzer's. Langer distinguishes between different types of memory, and he calls "deep" memory that which continues to exist but remains unintegrated into "common" memory. Deep memory just is: it is not organized, it strives neither for meaning nor for moral lessons. It just remembers. He refers to the remembered numbness which concerns a world that is senseless and has no continuity, leading to two visions of life instead of one.¹³ Deep memory is automatic and purposeless. He points out that a life which was bereft of meaning and insulated from the future does not lend itself to a search for value, and he contrasts it to historical inquiry which is life-promoting. According to Langer, the study of events like the Holocaust reveals an excess of history, and the problem arises when those who survived are enticed, as it were, *a posteriori* to give themselves a past from which they would like to be descended in opposition to the past from which they are descended. That past had no meaning. *Harmony and integration are not only impossible—they are not even desirable.* Langer states that a permanent duality leads to a parallel existence between those events that have personal meaning and those that do not. Which means that at the end of the war, survivors were faced with the sudden conjunction of the discontinuous self that had managed to stay alive with the continuous self (the family member who no longer had a family).

The distinction between the continuous and the discontinuous self describes well the difference between those episodes that take their place in the personal history of the individual and those that are embedded in encapsulated memories that cannot be used for the limiting qualities ascribed to external reality by Winnicott. History is useful only to the degree to which the sense of self was involved in the actual experience.¹⁴ If external

¹³ This type of duality is stressed throughout all of Wurmser's writings as one of the effects of trauma.

¹⁴ According to Racamier, reality impinges on the mind of psychotics without the mediation of the sense of a continuous self; therefore, there is "too much" reality. It

reality was endured without self-awareness, it cannot participate in the evolution of the personality. How little of the self can be brought to bear on experience was illustrated by a patient who remembers being shocked at seeing herself in the mirror, shocked because she realized that she had not looked at her own reflection since the death of her mother. She had forgotten to look at herself.¹⁵ With self-awareness being divorced from external reality, experience becomes structured idiosyncratically by unconscious fantasy while it is also remembered clearly and factually in another part of the personality. Analysts are not new to this phenomenon which entails the uselessness of factual knowledge, be it of actual abuse, victimization, or the absence of castration in women. When this knowledge of reality cannot be integrated in a way that tempers unconscious fantasies and mitigates the return to infantile omnipotence, it cannot be used in the sense described by Winnicott. The subsequent failure lies in the way external reality cannot set limits or enrich fantasy. Both the history and unconscious fantasy exist independently and do not interact sufficiently.

It is beyond the scope of this paper to study those factors that favor the more realistic integration between inner and outer reality. This is regrettable but is best kept for a subsequent work. In this context, it is only pertinent to draw attention to related studies of conditions in which reality attunement, unintegrated with a sense of self, dominates consciousness to such a degree that there is little evidence of fantasies or affects. Lifelong reality attunement accompanied by the relative deadening of the capacity for fantasy has been observed by French analysts studying psychosomatic conditions. They describe a permanent state of reality attunement in which inner life is silenced, similar to those

has lost the stamp of its origin that is coming from outside the person. In the condition I am describing the sense of self exists, inside and outside are well differentiated, but the sense of self is under self-imposed anesthesia in the service of self-preservation.

¹⁵ This discontinuity of the self is also expressed in the Jewish religion by the covering of mirrors during the period of mourning.

dominated by the instinct of self-preservation in which perception of the external world dictates actions and reactions. The French studying psychosomatic illness have named this *la vie opératoire* and have tied to a specific pathology the predisposition to somatic reactions in the face of stress (see Oliner, 1988, p. 227).

Krystal (1985) studying similar conditions, refers to modifications of consciousness that permit the conscious registration of perception or impulse without provoking a dangerous response. He refers to cognitive constriction that suggests the presence of a stimulus barrier in individuals who do not respond emotionally to threatening situations. These people appear cold, aloof, and unempathic. Shengold's (1980, 1988, 1989) explanation relates the encapsulated realism to other known aspects of the internal world. He compares the feelingless and mechanical existence observed in victims of "soul murder" to the dynamics of autohypnosis tied to anal sadism. Grubrich-Simitis (1984) has observed damage to the capacity of metaphorical thinking in concentration camp survivors. Her finding is in keeping with the others who have studied the influence of external calamities on the capacity for fantasy which she attributes to the deadening of inner life as a result of an overwhelming reality, thus ascribing this mental organization to the specific nature of the events.¹⁶ Each of these authors explains the condition described by Laub and Auerhahn (1993) as "Knowing and Not Knowing," knowing factually but only in a circumscribed area of the personality.

This lack of integration illustrates Noy's theory of cognition

¹⁶ I have seriously questioned Herzog's (1982) use of the "World beyond Metaphor" to designate the world that was steeped in the concrete issues of survival, a world in which human beings were reduced to an animal-like existence, total realism, and a world beneath metaphor. This pertains to all states in which one's very existence is threatened and in which one's survival depends on the dominance of the realistic perception of reality, separated from and unassimilated to the primary process which is involved in metaphorization (Noy, 1969, 1979).

according to which there are two ways in which reality is processed: one according to its realistic nature and one according to its personal meaning. So far, this paper has surveyed the realistic response to the external world. It has described the perishability of external reality in consciousness and shown that under special circumstances requiring total reality attunement, factual memory for the events is retained but not integrated. The personal meaning attached to reality, on the other hand, has been alluded to in those experiments, cited earlier, in which a response was learned but was attributed to dispositional rather than situational factors. These dispositional factors appear to be the laboratory equivalent of the structuring role of unconscious fantasies in determining responses to reality.

EXTERNAL REALITY AND THE SENSE OF SELF

The process which involves giving personal meaning to events, and therefore structuring them according to unconscious fantasy, is more familiar to analysts than the specific contribution of past events and present-day context, which is frequently elusive. Still, there is a reciprocal relationship in which external reality is constantly used in the service of fantasy, modifying the self-representation according to these experiences. As was discussed earlier in the context of stimulus generalization, the passage of time causes this reality to lose its specificity and its quality of being outside and having limits. Therefore psychic reality structured by personal meaning or unconscious fantasy has a more distant relationship to external reality, while still using it, than the reality attuned memories described in the previous section. Normally, the constant influx of renewed stimulation provides the basis for personal pleasure and fulfillment. This capacity to allow for the mutual influence of those elements coming from the external and from the internal world, each modifying the

other, constitutes the best use of external reality. In this form of interaction, neither dominates and deadens the other. The use of the external world for enactment proceeds differently: psychic reality so dominates and determines the use of objects that their own quality does not modify or contribute to the internal world. The world in which these enactments take place are stripped of their own characteristics, and individuals who are the object of such relationships refer to themselves as "having been used." They themselves, and who they were, did not matter. In a more advanced use of the external world, we expect that psychic reality evolves and is modified by the process of specific experiences, whose specificity matters.

In contrast to the early analysts, we are now less inclined to attribute universal symbolic meaning to specific objects, so that it has become increasingly difficult to find invariable correspondences between external reality and personal meaning. Nevertheless, analysts have observed some important symbolism attached to reality and its counterpart, fate. Lewin (1948) suggested that reality stands for the female genital, and according to Chasseguet-Smirgel (1984) the bedrock of reality is tied to the difference between the sexes and the generations. Most important for this study, however, remains Freud's 1930 statement concerning the meaning of fate which has been echoed by a number of analysts who came after him.

The field of ethics . . . presents us with [a] fact: namely that ill-luck—that is, external frustration—so greatly enhances the power of conscience in the super-ego. As long as things go well with a man, his conscience is lenient and lets the ego do all sorts of things; but when misfortune befalls him, he searches his soul, acknowledges his sinfulness, heightens the demands of his conscience, imposes abstinences on himself and punishes himself with penances. . . . Fate is regarded as a substitute for the parental agency. If a man is unfortunate it means that he is no longer loved by this highest power . . . (p. 126).

Linked to this in a causal relationship, is Grossman's 1991

observation concerning the internalization of the aggression generated by pain and suffering. It is based on the assumption that frustration by the outside world generates aggression and that there is a point for each individual at which misfortune reaches such proportions that it is impossible to either express it or inhibit it without jeopardizing the ties to the object world. Aggression may be suppressed along with self-awareness but eventually, when reality is reprocessed in accordance with personal meaning or unconscious fantasy, the aggression is turned against the self.¹⁷

Any turning of aggression against the self, internalization, or identification with the aggressor, diminishes the exonerating use to which external reality can be put effectively. The less the limits imposed by external reality are usable to unconscious fantasy, the greater is the regression to omnipotence. Even if the exonerating reality is accurately remembered, it tends to be isolated from unconscious fantasy and possibly used in its service. Unconsciously, the memories can, and frequently do, become evidence of the realization of repressed wishes and therefore fantasy becomes an activity to be avoided. The paradox resides in that those who could best use their memories of events that have actually happened, cannot do so because they feel indicted by them in fantasy. Fantasy, instead of providing them with a safe haven or a harmless playground within the personality organization, is consciously suppressed because, unconsciously, omnipotence renders it dangerous. This results in the type of factual, operational orientation toward external reality that I have described earlier in this work, and a tendency to re-enactment, not as a manifestation of memory of events but as an attempt to expiate an imaginary crime. Here, the victim of actual abuse joins the hysteric and illustrates how misfortunes contribute to and enhance the neurotic processes.

Ironically, in those cases in which traumatic events led to loss,

¹⁷ See Wurmser (1989, 1993) and Novick and Novick (1991) for important contributions on the relationship between misfortune and masochism.

reality is also less usable because the object did not survive. In other words, those who are most in need of the enrichment to their emotions provided by external reality, and the stability it creates, are least able to avail themselves of the potential pleasures it can provide when they are not ready to accept loss and undertake the mourning process.¹⁸ The encapsulated quality of memory, the aggression stimulated by remembered past events, or the structure of the individual's personality, all can contribute to the individual's inability to use external reality to promote internal growth. The process of internalization in the service of the continuity of the sense of self contributes to the loss of the use of external reality. The greater a person's pathological narcissism, the greater the tendency to "internalize" events in outer reality, once the events are no longer present to create the necessary "outside." Here it is evident that there is a complex interplay between the nature of the events themselves and the personality of the individual. Still, it is all important to remember that for the victim the unconscious meaning attached to misfortune per se and the personal meaning of the events are more crucial than their actual nature. However, the experience of trauma or abuse restructures the total personality in its relation to the use of external reality.

I believe that the recognition of the restructuring of the personality due to trauma leading to a duality within the individual makes the creation of two categories of patients ill-advised. Freud established the close connection between misfortune and the neurotic process with its regressive pull, and subsequent observations have confirmed that, unconsciously, victims feel responsible for the victimization even when they maintain factually and historically accurate memories and give the impression of possessing a well-functioning sense of reality. Concrete

¹⁸ Kestenberg (personal communication) has suggested that children are better able to tolerate a mother's weakness than a father's. This has been illustrated for me clinically by a patient whose mother ruled the household arbitrarily: he cries at the thought of the Constitution of the United States.

thinking suggests that victims attempt to hold on to a seemingly unmetaphorized reality in order not to lose contact with their history. However, their clinging to a factual and thing-like reality masks the assimilation of this history in a highly idiosyncratic and personal way, in order to forge a sense of inner continuity. Laub and Auerhahn (1993) agree that "inner reality both shapes the ultimate assimilation of such events and is, in turn, shaped by it" (p. 298). They see a need for the victim to re-externalize "aggressive and sexual impulses back into the traumatic context to make them part of reality and thus free up fantasy life, [whereas] the non-victim who uses trauma as a metaphor must undergo the opposite process: he must own the imagery as originating not in the event but in himself" (p. 300). In their description of this clinical problem they do not address the dynamics that, in my opinion, link both the excessive internalization by the victim and the use of reality as defense by the nonvictim: both victim and nonvictim described above suffer from unconscious guilt. The victim who has internalized the aggression defends himself or herself for the same reason as the nonvictim, who needs to externalize blame. Of course, the victim also attempts to use the knowledge of events in order to return the origin of aggression to the outside, where, realistically and historically, it belongs; but because of the lack of integration of this knowledge, memories cannot further the process of re-externalization of guilt.

The emphasis on unconscious guilt as a result of trauma would eliminate a distinction between trauma prevention (Krystal) and neurosis. From the perspective of guilt, trauma prevention is an enactment in which the potential of external reality to be traumatic is relived as a manifestation of the unconscious need for punishment. Were this not so, the person would permit himself or herself to enjoy the end of an ordeal and spend every day in celebration. The guilt caused by trauma does not differ from the irrational guilt that causes depression or obsessional neurosis, which also concerns crimes not actually committed. Survivor guilt is structured around personal meaning, using

actual events to find some reality for the self-blame. It is as irrational as the guilt of other neurotics. Any attempt to create a separate category for this clinical entity removes victims from the rest of humanity.

This has been a point of debate in the psychoanalytic literature where the relative importance of internal as against external factors in psychopathology was discussed by Jucovy (1992). He relates how the analysis of a Holocaust survivor raised questions as to whether this case of perversion, which was successfully analyzed according to a published 1978 case report by Freedman, the analyst, was more determined by the events of the patient's wartime experiences than the analysis brought out. The report of the treatment clearly traces each aspect of the symptom back to the prewar family drama, and to the sexualization of those conflicts understood along oedipal lines. Yet, the reaction of some analysts, especially Blum (1978), who appended a discussion to the published report, was to challenge some of the interpretations and to assume that events of the war contributed to the meaning of the symptoms, whereas the analysis focused on the family and infantile drama of this patient. In my opinion, the successful termination of this analysis stands as a powerful argument for Freud's discovery of the potential of unconscious fantasy to give experiences that are remembered realistically a personal, highly sexualized meaning, even in the face of one of the greatest calamities. Despite the overwhelming nature of the events, meaning remains personal.

Trauma causes psychopathology because it can destroy the function of the intermediary zone, the preconscious in the old psychoanalytic language, where external reality and unconscious fantasies are integrated in such a way that neither becomes the absolute master. The effects of trauma described above, suggest that the relationship between fantasy and reality has been disrupted so that reality is no longer used selectively for a highly personalized reaction to the external world. Instead the person is motivated alternately by slavish reality attunement

or total dominance of fantasy in the use of external reality, which thereby loses its identity and becomes only a tool in endless enactments structured by unconscious wishes. Nevertheless, the actual survival of the objects is crucial even though their specific qualities are not necessarily invested. The reaction to loss can be intense, confronting us with the paradox of the importance of apparently "meaningless" relationships whose survival appears more critical than their individual characteristics. Their loss frequently precipitates equally "meaningless," that is, unsymbolized, reactions such as psychosomatic illnesses.

The destruction of the intermediate zone lying between fantasy and reality can also manifest itself in a different form when the problem has been sexualized and external reality loses its ability to ground the individual in the present with its own context and character. Such was the case with the man described by Freedman, whose perverse ritual was prompted by his fear of the loss of his livelihood. In his case unconscious fantasies determined his sexualized relationship to material reality.

Lately, attention has been centered on the issue of the memory of trauma, its repression, dissociation, and the possibility that it is encoded in such a way that it needs to be retranslated. These questions revolve around the assimilation of events in a person's history, the manner in which and the degree to which unconscious fantasy could be modified by the events. The solution to these difficulties cannot be obtained by the manner in which the events are remembered. Conscious memory of an event does not influence its assimilation: the one relates to facts that can be negated, derealized, depersonalized, isolated, dissociated, denied, or repressed, whereas the other addresses the need for self-continuity and is shaped by the individual's unconscious fantasies.

Normally, as Arlow (1991) says,

Although the unconscious fantasies remain unchanged, their derivative expressions are transformed over the years as the

child develops and is acculturated. There is a constant mutual interaction between the individual's mental set, as dictated by his persistent unconscious fantasies, and the events of his daily conscious experience (p. 60).

The more an individual can use the character of daily conscious experience for evolution and growth, the better that person will be able to use it to gain pleasure in the service of self-fulfillment. This concerns the use of material reality in the service of the integration between past and present, between memory and perception, and between inside and outside. The problem for psychoanalysis is and remains the use of external reality for personal fulfillment and emotional gratification or its uselessness for certain types of individuals. Analysts help patients understand that as a result of this event, they have been thinking this or that. So that, when a patient is given a transference interpretation, and the patient feels accused of just imagining something that is not really true, the patient does not need confirmation of the accurate perception of the analyst but an analysis of the charge of just imagining something that never happened. Most of the time, this represents the patient's most fervent wish, because it leads to the only way that the patient has learned to use the aggression generated by trauma: upon herself or himself. It is a defense against the rage caused by helplessness which is lessened by the fantasy of omnipotent guilt accompanied by unlimited powers of restitution. It is as if the victim were saying: "If I have the power to commit this crime, I also have the power to make up for it through suffering, through bringing the dead back to life, through reliving the events and making them happen differently this time." In other words, theme and variations on unconscious guilt are brought on or reinforced by the events themselves, despite the conscious knowledge of one's own lack of complicity. Because of the need to understand this aspect of self-victimization, individuals cannot use the comfort that is given by the assertion of external reality whether it is that "it happened," or "the analyst did it," or "you did not imagine it, it is real." If the patient had been able

to use reality to assuage guilt, there may not have been any need for treatment.

CONCLUSION

There has been a lack of agreement among analysts concerning the place of external reality in psychoanalytic theory and practice. With external reality being evanescent, it is psychic reality and its relative permanence, that has a more secure place and receives the most attention. Yet external reality is indispensable both as a source of gratification and as an agent of limits, limits to offset the omnipotence of fantasy and its equivalent, unconscious guilt. Herein lies the reason for the importance of external reality and the memory of past events in psychoanalytic theory and practice. However, it is important to appreciate the difficulties of those who are unable to profit from the functions of external reality, those whose personality organization causes slavish adherence to sensory stimulation or to fantasy without there being the usual enrichment of one by the other. Trauma contributes to such a restructuring of the personality, so that victims of abuse are frequently unable to use memory and external reality for the purpose of pleasure and exoneration. Splitting, as described by Freud (1940), exemplifies the extreme of this type of organization in which reality-attuned segments of the personality are unable to influence the anxieties generated by unconscious fantasies.

Recently, other conditions, not necessarily involving splits, such as alexithymia, *pensée opératoire*, or autohypnosis, have been explored for their shallow, adaptive, and reality-attuned properties that remain separate and even contradict unconscious fantasy. These conditions point to the need to focus on the assimilation of external reality and to appreciate those instances in which factual knowledge leads a totally independent existence from unconscious fantasy and is useless for limiting self-blame. This inability to use external reality renders the analyst's intro-

duction of facts into the treatment of victims counterproductive unless proper attention is paid to how patients use these facts. Many individuals suffer from too much reality and the concomitant rage engendered by the recognition of their own victimization. They cannot use the outside world, and the task of analysis is not to restore external reality to them but to probe the conflicts standing in the way of its use. This task is best carried out within the psychoanalytic process and the safe limits it provides for the efflorescence of psychic reality.

REFERENCES

- ARLOW, J. A. (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.*, 38:1-27.
- (1981). Theories of pathogenesis. In *Psychoanalysis: Clinical Theory and Practice*. Madison, CT: Int. Univ. Press, 1991, pp. 327-346.
- (1988). Early Object Relations and the Quest for Morality. Presented at the New York Freudian Society Annual Scientific Conference. October 15.
- (1991). Derivative manifestations of perversions. In *Perversions and Near-Perversions in Clinical Practice: New Psychoanalytic Perspectives*, ed. G. I. Fogel & W. A. Myers. New Haven/London: Yale Univ. Press, pp. 59-74.
- BALTER, L. (1994). Why People Experience Art as Reality: On the Aesthetic Illusion. Presented at the Meeting of the American Psychoanalytic Association, December.
- BLUM, H. P. (1978). Psychoanalytic study of an unusual perversion: discussion. *J. Amer. Psychoanal. Assn.*, 26:785-792.
- BRAUNSCHWEIG, D. & FAIN, M. (1981). Bloc-notes et lanternes magiques. *Rev. Française Psychanalyse*, 45:1221-1241.
- BRENNER, C. (1986). Reflections. In *Psychoanalysis. The Science of Mental Conflict. Essays in Honor of Charles Brenner*, ed. A. D. Richards & M. S. Willick. Hillsdale, NJ: Analytic Press, pp. 39-48.
- CAPER, R. (1995). On the difficulties of making a mutative interpretation. *Int. J. Psychoanal.*, 76:91-102.
- CHASSEGUET-SMIRGEL, J. (1984). Perversion and the universal law. In *Creativity and Perversion*. New York/London: Norton, pp. 1-12.
- FREEDMAN, A. (1978). Psychoanalytic study of an unusual perversion. *J. Amer. Psychoanal. Assn.*, 26:749-777.
- FREUD, S. (1899). Screen memories. *S.E.*, 3.
- (1915). Instincts and their vicissitudes. *S.E.*, 14.
- (1930). Civilization and its discontents. *S.E.*, 21.
- (1940). Splitting of the ego in the process of defence. *S.E.*, 23.
- GALATZER-LEVY, R. (1994). Children, bad happenings, and meanings. *J. Amer. Psychoanal. Assn.*, 42:997-1000.

- GROSSMAN, W. I. (1991). Pain, aggression, fantasy, and concepts of sadomasochism. *Psychoanal. Q.*, 60:22-52.
- GRUBRICH-SIMITIS, I. (1984). Vom Konkretismus zur Metaphorik. Gedanken zur psychoanalytischen Arbeit mit Nachkommen der Holocaust-Generation anlaesslich einer Neuerscheinung. *Psyche*, 38:1-28.
- HANLY, C. M. T. (1990). The concept of truth in psychoanalysis. *Int. J. Psychoanal.*, 71:375-383.
- HERZOG, J. (1982). World beyond metaphor: thoughts on the transmission of trauma. In *Generations of the Holocaust*, ed. M. S. Bergmann & M. E. Jucovy. New York: Basic Books, pp. 103-119.
- INDERBITZIN, L. B. & LEVY, S. T. (1994). On grist for the mill: external reality as defense. *J. Amer. Psychoanal. Assn.*, 42:763-788.
- JUCOVY, M. E. (1992). Psychoanalytic contributions to Holocaust studies. *Int. J. Psychoanal.*, 73:267-282.
- KOHUT, H. (1979). The two analyses of Mr Z. *Int. J. Psychoanal.*, 60:3-27.
- KRYSTAL, H. (1985). Trauma and the stimulus barrier. *Psychoanal. Inquiry*, 5:131-161.
- LANGER, L. L. (1991). *Holocaust Testimonies. The Ruins of Memory*. New Haven/London: Yale Univ. Press.
- LAPLANCHE, J. (1992, 1993). Le fourvoiement biologisant de la sexualité. *Psychanalyse à l'Université*, 17:3-6, 18:3-41.
- LAUB, D. & AUERHAHN, N. C. (1993). Knowing and not knowing massive psychic trauma: forms of traumatic memory. *Int. J. Psychoanal.*, 74:287-302.
- LEARY, K. (1994). Psychoanalytic "problems" and postmodern "solutions." *Psychoanal. Q.*, 63:433-465.
- LEWIN, B. D. (1948). The nature of reality, the meaning of nothing, with an addendum on concentration. In *Selected Writings of Bertram D. Lewin*, ed. J. A. Arlow. Psychoanalytic Quarterly, 1973, pp. 320-322.
- LOEWALD, H. W. (1952). The problem of defense and the neurotic interpretation of reality. In *Papers on Psychoanalysis*. New Haven/London: Yale Univ. Press, 1980, pp. 21-32.
- MELTZER, D. (1991). Facts and fictions. In *The Personal Myth in Psychoanalytic Theory*, ed. P. Hartocollis & I. D. Graham. Madison, CT: Int. Univ. Press, pp. 49-62.
- NOVICK, J. & NOVICK, K. K. (1991). Some comments on masochism and the delusion of omnipotence from a developmental perspective. *J. Amer. Psychoanal. Assn.*, 39:307-331.
- NOY, P. (1969). A revision of the psychoanalytic theory of the primary process. *Int. J. Psychoanal.*, 50:155-178.
- (1979). The psychoanalytic theory of cognitive development. *Psychoanal. Study Child*, 34:169-216.
- OLINER, M. M. (1988). *Cultivating Freud's Garden in France*. Northvale, NJ/London: Aronson.
- RACAMIER, P.-C. (1962). Sur la réalité. In *De Psychanalyse en Psychiatrie*. Paris: Payot, 1979, pp. 283-313.
- REED, G. S. (1995). Clinical truth and contemporary relativism: meaning and narration in the psychoanalytic situation. *J. Amer. Psychoanal. Assn.*, 43:713-739.
- RICCIO, D. C., RABINOWITZ, V. C. & AXELROD, S. (1994). Memory: when less is more. *Amer. Psychologist*, 49:917-926.

- SEARLE, J. R. (1993). Is there a crisis in American higher education: *Partisan Review*, 60:693-709.
- SHENGOLD, L. (1980). Some reflections on a case of mother/adolescent son incest. *Int. J. Psychoanal.*, 61:461-476.
- (1988). *Halo in the Sky. Observations on Analogy and Defense*. New York/London: Guilford.
- (1989). *Soul Murder. The Effects of Childhood Abuse and Deprivation*. New Haven/London: Yale Univ. Press.
- SHEVRIN, H. (1994). The uses and abuses of memory. *J. Amer. Psychoanal. Assn.*, 42:991-996.
- SMITH, H. F. (1990). Cues: the perceptual edge of the transference. *Int. J. Psychoanal.*, 71:219-228.
- STEIN, M. H. (1966). Self observation, reality, and the superego. In *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*, ed. R. M. Loewenstein, et al. New York: Int. Univ. Press, pp. 275-297.
- WINNICOTT, D. W. (1969). The use of an object and relating through identification. In *Playing and Reality*. New York: Basic Books, 1971, pp. 86-94.
- WOLFENSTEIN, E. V. (1990). A man knows not where to have it: Habermas, Grünbaum and the epistemological status of psychoanalysis. *Int. Rev. Psychoanal.*, 17:23-45.
- WURMSER, L. (1989). The Way from Ithaca to Golgotha—Some Observations about Clinical Masochism. Unpublished.
- (1993). *Das Rätsel des Masochismus*. Berlin/Heidelberg: Springer-Verlag.

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Character Portrayal in Anthony Trollope's Barset Novels: A Psychoanalytic Appraisal

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CHARACTER PORTRAYAL IN ANTHONY TROLLOPE'S BARSET NOVELS: A PSYCHOANALYTIC APPRAISAL

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Anthony Trollope's novels enjoyed great popularity in his own day, and the past several decades have seen a considerable revival of interest in them. His most popular series, the six Barset novels, exemplify his love of life, his psychological sensitivity, and his profound sense of the meaning and value of the smallest nuances of human behavior and interaction. In his comprehension of the psychological vicissitudes of ordinary daily life he has been compared to Chaucer. This paper studies a portrait of a severely depressed character in Trollope's own favorite work, The Last Chronicle of Barset.

... it still strikes me ... as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science. I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own.

FREUD (Breuer and Freud, 1893-1895,
p. 160)

I have lived with my characters, and thence has come whatever success I have obtained. ... I know the tone of the voice, and the color of the hair, every flame of the eye, and the very clothes they wear. Of each man I could assert whether he would have said these or the other words; of every woman, whether she then would have smiled or so have frowned.

TROLLOPE (1883, p. 195)

This paper is an appreciation of Anthony Trollope, the mid-nineteenth century British novelist. Trollope shares with gifted novelists of any period a psychological-mindedness, some degree of which is essential for a novel to have appeal. Sensitivity to human experience manifested in the story is a requirement for a piece of prose writing to be considered a work of art. Two elements particularly distinguish Trollope's writings, bringing them to the special attention of the psychoanalyst. The first is his remarkable, unerring, seemingly clinical descriptions of numerous forms of psychopathology. These descriptions, interwoven with literary grace and facility into the fabric of the novels, repeatedly demonstrate his intuitive sense of complex psychodynamics.

The second element of interest to us is more subtle and more important. Trollope's attitude toward the characters he invents is one of unneurotic post-ambivalent object relations. He sees people as they are, "in the round"; he respects each individual's abilities without surprise at discovering inevitable weaknesses and shortcomings in the same person. It is an attitude we look for in our clinical work toward the end of the analytic procedure, as a sign of adequate analysis. Trollope quickly recognizes conflict, severe psychopathology, and the all too frequent brutality of man to man. He never condemns the man for the brutality, but only the brutality in the man. He remains tolerant, humane, and compassionate.

His characters are true to life in the most complete sense. They are multifaceted yet unitary, and recognizable as complicated living types. He involves his characters in a variety of situations common to the human condition, situations that are quite mundane and ordinary. This, in fact, is one of the criticisms often leveled against him: that he deals over and over again with unimaginative, prosaic, plodding life situations. But here lies the essential magic of Trollope. The psychopathology (and psychodynamics) of everyday life provide him with all he needs to create his world and spark our imagination. His genius lies in his ability to describe the reactions of a wide variety of

character types with smooth precision. His accuracy is psychologically impeccable.

Anthony Trollope was born in London in 1815, the son of Thomas and Frances Trollope. Thomas Trollope was a barrister, a man of good family and education, whose fortunes in law practice at the time of Anthony's birth were in serious decline. In 1816 he leased a farm, moving there with his family from London. His ideas were grandiose but his knowledge of farming was nil, and that career returned nothing but failure. In his later, declining years Thomas Trollope spent much of his time compiling an *Encyclopaedia Ecclesiastica*, several volumes of which were published in his lifetime. At the age of seven Anthony was sent off to school at Harrow. Here his education was supervised by his elder brother, Tom, who served as a harsh and severe taskmaster. Anthony attended Harrow, with a period also at Winchester, for twelve years. During part of his adolescence, he lived at home and walked to and from school as a day student. We have a vivid picture of the wretchedness of his life in Trollope's own words, from his *Autobiography* (1883).

When I left Winchester, I had three more years of school before me, having as yet endured nine. My father at this time having left my mother and sisters with my younger brother in America, took himself to live at a wretched tumble-down farmhouse on the second farm he had hired! And I was taken there with him. It was nearly three miles from Harrow, at Harrow Weald, but in the parish; and from this house I was again sent to school as a day-boarder (pp. 9-10).

. . . I had not only no friends, but was despised by all my companions. . . . The indignities I endured are not to be described. . . . From the first to the last there was nothing satisfactory about my school career,—except the way in which I licked the boy who had to be taken home to be cured (pp. 15-16).

In view of the continuously worsening financial circumstances of the family, the Trollopes concocted an enterprise to recoup

the family fortunes. It was 1827, and Anthony was twelve. It was decided that his mother should go to the United States, to some frontier city, with the purpose of starting a business selling fancy-goods from England to pioneer America. So she, a brother, and two sisters of Anthony's arrived in Cincinnati in 1827 with high hopes. The destitute family's suffering and hardships were very great, and the plan failed. They stayed four years before giving up and returning to England, penniless.

But Mrs. Trollope brought back with her a manuscript, published in 1832, called *The Domestic Manners of the Americans*. It is a rambling account of her impressions of people and places in the United States. The book was an immediate and great success in England, perhaps because of its caustic and critical attitude toward democracy and egalitarianism, as Mrs. Trollope experienced them in America. It was equally notorious and unpopular in this country. Frances Trollope thereafter never gave up writing, turning out novels and travel journals. *The Domestic Manners of the Americans* launched Frances Trollope, at the age of fifty-one, on an immediately successful career as an author. From its publication the family fortunes took a turn for the better and never thereafter declined.

Anthony, at the age of nineteen, two years after the family's return from America, was something of a lost soul. He had been a dismal scholastic failure, and he was totally unprepared for any specific vocation. Through a friend of his mother's he took a clerk's position in 1834 at 90 pounds a year, at the General Post Office in London, which seems to have been a combination of the main London Post Office and the British equivalent of the Postmaster-General's office. He was destined to remain in the Civil Service in the same department for thirty-three years.

His career in the General Post Office reveals several sides of Trollope's character. For seven years he remained a clerk in the same London Office. In one of the Barset novels, *The Small House at Allington* (1864), Trollope tells us how his own career must have begun, in the character of young Johnny Eames. Trollope always was diligent at his work, but he was often late,

was mildly disobedient, and sometimes openly rebelled against his superiors. Probably their real inadequacies often enough provoked such rebellion. When an opening arose for a postal surveyor's clerk in Ireland, twenty-six-year-old Trollope applied for the fairly minor post. He was given the position and in 1841 left for Ireland, not to return permanently to England for ten years. His work in Ireland was as a kind of rural postal inspector, and now after seven years as an office clerk, he had the opportunity to work outdoors, traveling widely through the Irish countryside. He enjoyed his work and his leisure immensely. He married an English girl, settled down to raise a family, and began his work as a novelist.

His first three works, two of them on Irish themes emphasizing political and social inequities, were failures. He had been back in England four years before the publication of his next work in 1855: it was *The Warden*, the first of the six Barset novels. When he returned to England, he was assigned a position similar to the one he had held in Ireland, and through his travels he came to know the English countryside, its cities, villages, and people with an intimacy granted to few others. During one of his tours he visited the cathedral town of Salisbury, and mingling with the clerical community, he got the idea that was to germinate into his Barset series, with its examination of the personal life of English clergymen, from vicar to bishop.

Trollope's positions in the Post Office were increasingly responsible ones. He became a Surveyor, later Chief of Surveyors, and among other things, in his *Autobiography* he claims to have introduced the "pillar-box," or street-corner mailbox, to England and perhaps to the world.

With the publication of *The Warden* in 1855 Trollope became a successful and popular author. He wrote regularly and diligently, turning out several works a year and producing a total of over seventy-five books. About fifty of these are novels, the remainder travel books, essays, and his posthumously published *Autobiography*.

The major criticism of Trollope's work, as I have already in-

licated, has been that he deals with everyday matters in an everyday style, that he lacks brilliance and excitement, that his works are pedestrian and certainly without genius. A superficial reading of Trollope might tend to lend credence to these arguments. But he was very popular in his own time, and the past seventy-five years have seen a resurgence of his popularity, in some part due to a magnificent biography published in 1927 by Michael Sadleir. Trollope died in 1882, and in accord with his wish, his *Autobiography* was published by his son the following year. In it were some shocking revelations, which cast Trollope out of the favor of the reigning literary lions for fifty years. In the *Autobiography* he not only revealed his manner of writing, he defended it as sensible and meritorious. He viewed writing as an occupation, an additional one to his post office work, and he set out a writing schedule for himself from which he attempted literally never to vary. He would get up at 5:30 a.m., write for three hours, so many pages to the hour, so many words to the page. He tells us he wrote exactly 250 words to the page, never varying, and we are compelled to believe him. So many pages, requiring so many weeks of work, made up a novel. Since he spent a great deal of time riding the British railways, he devised a traveling desk so that he could write while riding the trains. He believed the writer could no more wait for the creative flash before beginning his writing than could the carpenter or the tradesman before beginning work each day.

But the Oscar Wilde school, so devastatingly lampooned at that time by Gilbert and Sullivan in *Patience*, was then in the ascendancy. Trollope was first reviled as a boorish hack and then ignored, for how could he possibly have had that spark of genius which, of course, was necessary to create a great novel, admitting that he wrote as he did? This prejudice lasted fifty years. Then new generations of readers began to find the depth in Trollope that his own generation seems to have appreciated.

Another kind of criticism has sought to explain Trollope's resurgent popularity. J. B. Priestley (1960) writes, "He created a genuine little world of his own, and the desire to escape into it,

out of our own menacing world, explains most of his recent popularity" (pp. 268-269). I believe this to be a gross misreading and a failure to understand Trollope's chief impact. Emphasis must be placed on Priestley's word *genuine*. Trollope's "little" world is genuine, immediate, alive, and real across one hundred years and five generations. It is certainly true that our world is more menacing than mid-Victorian England. But our inner dilemmas, choices, and alternatives are very much the same. They are choices of judgment, ethics, and personal relations in our private and public lives, and we cannot hide behind the extreme menacings of the outer world to minimize the compelling existence and seriousness of these choices. Trollope's novels reveal a wise, decent, and humane examination of these choices in his own day.

This paper deals with character portrayal in the six novels of the Barset series, published between 1855 and 1867. They are *The Warden*, *Barchester Towers* (his best known work), *Doctor Thorne*, *Framley Parsonage*, *The Small House at Allington*, and *The Last Chronicle of Barset*. It is, of course, impossible to summarize the contents of six novels. The sixth book alone, *The Last Chronicle of Barset*, has thirty or forty characters individually and clearly delineated, most from the earlier books, brilliantly interwoven into a complex and imaginative tapestry. The scene is set in Barset county, an invention of Trollope's imagination, in southwestern England, its chief city the cathedral town of Barchester. Only in *Dr. Thorne* and *The Small House at Allington* are the major plots not centered around the clergy and clerical life in Barset. We have Bishop Proudie of Barchester and his wife, the de facto bishop. The enemies of Mrs. Proudie are headed by the redoubtable and aggressive Archdeacon Grantly, who is a figure in all six novels, of central importance in most of them. We have parsons, vicars, prebendaries, chorals, canons, deans, deacons, and more. We also have well-drawn portraits of physicians, lawyers, country gentry, rich heiresses, and noble families. The issues and conflicts elaborated by Trollope among his church characters are never theological in nature but per-

sonal. The whole story of *The Warden*, for example, is that of an elderly, tender-hearted parson who decides to resign from a lucrative position in a small hospital when the financial value of the position comes under attack by political and journalistic forces. Reverend Harding, surely one of the gentlest creatures in all literature, is the father-in-law of the alert and vigorous Archdeacon Grantly, ever ready and eager to defend his Church, and almost apoplectically impatient with his father-in-law's gentleness. So the stage is set.

This paper considers Trollope's delineation of various forms of psychopathology: alcoholics, psychopaths of a number of varieties, hysterics, and, especially, a severe, perhaps psychotic depressive character. Trollope was an intelligent, well-read and well-traveled man, alert to current trends in the law, medicine, and politics. He may even have had some awareness of current trends in psychiatric thinking. In the half century before Freud's birth mesmerism was developing toward suggestion and psychotherapy, and psychiatry was progressing along several other fronts.

The psychoanalyst, in a technical inquiry into art and literature, only verifies, it seems to me, what is already aesthetically established by the public at large. Freud deepened our understanding and appreciation of Leonardo, of Shakespeare and Dostoyevski. Their place in cultural history was already undisputed. But the psychoanalyst is in a unique position to supply a significant dimension to explain the persisting popularity and universality of some artists. That is the dimension of the artist's use of the dynamic unconscious which, being universal, appeals across time, locality, and national boundary. An excellent example of the deepening by psychoanalytic insight of our understanding a great work of literature is a paper by Maurice Cohen (1962), "Chaucer's Prioress and Her Tale: A Study of Anal Character and Anti-Semitism." In *The Canterbury Tales*, written in 1386, we find the description of the Prioress, whose personality gradually and unmistakably unfolds, as we read it now, as a clearcut anal character, whose "Tale" is an anal-sadistic, anti-

Semitic fantasy. Cohen calls attention to the striking resemblance between this part of *The Canterbury Tales* and current psychoanalytic studies of anti-Semitism. He notes that the pathological character formation of the Prioress, as described by Chaucer, has not been described as such by any Chaucer critics or scholars. On the contrary, in a study by Chute (1946, p. 250) Chaucer's Prioress was accepted as an "affectionate portrait of a perfect lady." Only the application of psychoanalytic understanding can correct such misreading.

My selection of this example from the literature on Chaucer is probably not fortuitous. One critic, Gerald Warner Brace (1964) writes:

Of all his peers the one who comes closest to [Trollope] in talent and temperament is Geoffrey Chaucer, who lived five hundred years earlier but who shared with him the large, free, simple, clear yet kindly view of human life that Matthew Arnold admired. They both made the best of humanity without distorting it. They both made the best of the virtues of their native culture (p. xvi).

I will now examine Trollope's elaboration of the personalities of several individuals from among the Barset novels.

In the early pages of *Barchester Towers* we are introduced to a number of clergymen and their families, whose lives form the substance of the book. Prominent among these is the Stanhope family, whose varieties of narcissistic pathology leave little to the imagination. The father, Reverend Stanhope, possesses a valuable lifetime sinecure at Barchester, which enables him to live most of the year in retreat on the shores of Lake Como in Italy. His son Bertie is a harmless, drifting ne'er-do-well whose chief occupation is flirting. The redoubtable crippled daughter, Madame Vesey-Nerone, amazingly beautiful and amazingly heartless, is the downfall of one susceptible clergyman and the near downfall of another.

Trollope (1857) says,

The great family characteristic of the Stanhopes might prob-

ably be said to be heartlessness. . . . Their conduct to each other was the same as to the world; they bore and forebore: and there was sometimes . . . much necessity for forbearing: but their love among themselves rarely reached above this. It is astonishing how much each of the family was able to do, and how much each did, to prevent the well being of the other four (p. 73).

In *Framley Parsonage*, Trollope shows us another, more malignant form of psychopathic personality in the person of Nathaniel Sowerby, Esq., M.P. for the Western Division of Bassetshire. *Framley Parsonage* tells the story of its parson, young Mark Robarts, not quite certain of his essential theological commitment to life, and ambitious for worldly advance. Such impulses lead him to court the mighty of the area, and he is soon ensnared by the unscrupulous Sowerby into a compromised position, the more so since Robarts is a parish clergyman. Sowerby needs money, and any signatures to his notes will do. Mark Robarts, naïve and dreaming of an easy path upward in life, is quick prey for the cynical and unprincipled M.P. Here we have a ruthless, aggressively self-seeking psychopathic character. It is a puzzle to Mark Robarts how Sowerby, though deep in debt, all his properties heavily mortgaged, nothing in his possession which he could truly call his own, nevertheless requires and somehow manages to have fine horses, carriages, and in all things can cater to his most expensive taste. The story is that of Robarts's close encounter with disaster, of his painful education and escape. Sowerby lives for the immediate gain, the current impulse, the short run. But Trollope, so characteristically true to life, shows us Sowerby as a man, not as a type. Superego processes, tenuous and distorted though they be, emerge in Sowerby's consciousness as twinges of remorse. I am reminded of Greenacre's (1945) statement:

It has been said that the psychopath has no guilt feelings, no conscience . . . and no psychic mechanisms of defense; some descriptions state that he has no anxiety. If all this were true, I

believe that the psychopath would not live very long, but would explode from the force of his own primitive aggression (p. 182).

Sowerby makes feeble attempts to undo the damage to Robarts. They fail, and Robarts must fend for himself. Sowerby's villainy toward his innocent fellow-men is unmitigated. Yet we also read Trollope's tempering comments about him (1861):

Unfortunate Mr. Sowerby! I cannot take leave of him here without some feeling of regret, knowing that there was that within him which might, under better guidance, have produced better things. There are men, even of high birth, who seem as though they were born to be rogues; but Mr. Sowerby was, to my thinking, born to be a gentleman. That he had not been a gentleman—that he had bolted from his appointed course, going terribly on the wrong side of the posts—let us all acknowledge. It is not a gentlemanlike deed, but a very black-guard action, to obtain a friend's acceptance to a bill in an unguarded hour of social intercourse. That and other similar doings have stamped his character too plainly. But, nevertheless, I claim a tear for Mr. Sowerby, and lament that he has failed to run his race discreetly, in accordance with the rules of the Jockey Club (pp. 515-516).

This is a basic theme throughout Trollope. Human beings are seen, understood, and judged by the fullness of their character, actual and potential. Trollope explains individuals from their core of ego functioning, recognizing that behavior and character are comprised of a synthesis of adaptive as well as defensive functions, among other things. He senses the urge in all of us toward ego autonomy, which simultaneously reverberates in the mind with stereotyped, automatized, repetitive processes. He knows the satisfaction of autonomy as well as the pull of infantile gratification of conflicted behavior. He senses also the comfort of adequate resolution of conflict.

In *Dr. Thorne*, third of the series and that most perfect of love stories, Trollope introduces us to Sir Roger Scratcherd, a type

easily recognizable by the twentieth century reader. Scratcherd is a self-made millionaire, a man of low working-class origins, who by simple ability and very hard work advances himself to financial success and knighthood. He is a decent, hard, plain-spoken man, a friend and patient of Dr. Thorne's. Scratcherd is addicted to brandy, and in this book we are privy to the pain, anguish, and sorrows of the uncontrollable alcoholic. The story is plainly told, unvarnished in its realism and its tragedy. Scratcherd knows he is committing suicide, yet he cannot stop drinking. The addict is driven, beyond help or reason, beyond friend, doctor, wife, or family. What appeals to the psychoanalyst, here as in each instance of Trollope's delineation of character and of specific psychopathology, is the inner consistency in the characterizations. Trollope's sense of what fits, for the alcoholic, for the psychopath, the hysteric or the depressive, is true to the inner structure and functioning of the mind, as we understand it. His details are abundant and appropriate, and the characters develop into recognizable, three-dimensional, unique individuals. We return to some characters after a lapse of two or three novels with immediate recall and recognition, as in life we would greet a good friend we had not seen in many years.

The most extensive description of psychopathology in the Barset series is of Reverend Josiah Crawley, pastor of Hoggstock parish, a cold, bleak, and poor parish. Reverend Crawley is introduced namelessly in *Barchester Towers*. We meet him again in *Framley Parsonage*, his theological fervor and intensity setting off the character of Mark Robarts, the parson at Framley, by contrast. Crawley's life has been very hard. Before coming to Hoggstock and its tiny income he had been pastor for ten years at a parish on the bleak Cornwall coast, at half the Hoggstock income. His wife had a gentle rearing but married with no dowry and has worked loyally and hard at his side. Crawley had been a fine student at Cambridge and had given promise of a fruitful career (Trollope, 1861):

And so they had established themselves [at Hoggstock] . . . and for a while they had both kept heart, loving each other

dearly, and prospering somewhat in their work. But a man who has once walked the world as a gentleman knows not what it is to change his position, and place himself lower down in the social rank. Much less can he know what it is to put down the woman whom he loves. There are a thousand things, mean and trifling in themselves, which a man despises when he thinks of them in his philosophy, but to dispense with which puts his philosophy to so stern a proof. . . .

And sometimes he was prostrate—prostrate in soul and spirit. Then would he complain, with bitter voice, crying out that the world was too hard for him, that his back was broken with his burden, that his God had deserted him. For days and days, in such moods he would stay within his cottage, never darkening the door or seeing other faces than those of his own inmates. Those days were terrible both to him and her. He would sit there unwashed, with his unshorn face resting on his hand, with an old dressing-gown hanging loose about him, hardly tasting food, seldom speaking, striving to pray, but striving so frequently in vain. And then he would rise from his chair, and with a burst of frenzy, call upon his Creator to remove him from this misery. In those moments she never deserted him. . . . Then at length, falling utterly upon the ground, he would pour forth piteous prayers for mercy, and after a night of sleep would once more go forth to his work (pp. 156-157).

Such is the Reverend Crawley, the devoted man of God, suffering with his lot in life, yet taking perverse pride in the depth of his misery and poverty. He attempts to alienate his old, best friend from student days, who is now Dean of Barchester: Crawley pleads poverty as the excuse for avoiding his successful friend. He loses no opportunity to excoriate himself, walking dozens of miles through the Barset countryside through mud and all weather, positively refusing offers of horse or carriage. He is also a devoted teacher of Latin and Greek to his children, and a regular visitor to the sick, old, and poor of his parish. Their roughness and lowborn estate do not put him off. That he is truly loved by his parishioners goes without saying.

Here, then, is the full-blown depressive character. Through a

combination of external circumstance and psychological disposition (here again Trollope is close to life) there results a tortured, miserable yet proud man, angry at life and fate, yet bound and tortured by conscience to exhaust himself in paying his psychic debts.

Fenichel (1945) tells us:

A person who is fixated on the state where his self-esteem is regulated by external supplies or a person whose guilt feelings motivate him to regress to this state vitally needs these supplies. He goes through this world in a condition of perpetual greediness. If his narcissistic needs are not satisfied, his self-esteem diminishes to a danger point. He is ready to do anything to avoid this. . . . the pregenital fixation of such persons manifests itself in a tendency to react to frustrations with violence; on the other hand their oral dependence impels them to try to get what they need by ingratiation and submissiveness. The conflict between these contradictory devices is characteristic for persons with this disposition.

Methods of ingratiation often reveal in analysis that simultaneously they are methods of rebellion. Sacrifice and prayer, the classic methods of ingratiation, are often thought of as a kind of magical violence used to force God to give what is needed. Many depressive attitudes are precisely such condensations of ingratiation and aggressiveness (p. 387).

Trollope paints the picture remarkably accurately in experiential detail. Crawley prays and sacrifices, and there is submissive ingratiation, too, under the rule of the hard, strict Anglican theology, the guiding force of Crawley's life. But the magical violence is more evident. Crawley is a bitter, angry man, unremitting in his sternness when the moral issue is clear. At one point he must condemn the easy ways of his fellow parson at Framley, a very hard moment for Reverend Robarts!

Crawley is a frustrated man, and the ostentatious self-torture is clearly to be understood as frustrated rage turned inward. The secondary torture of those around him, the disguised drive discharge, is ever evident. But so is the sense of guilt, the enor-

mous superego pressure. All of the classic elements are there; the narcissistic need for oral supplies, the greedy search for love, the sacrifice to magically force God to deliver the supplies, and the rage and hatred causing intense guilt feelings. "The super-ego turns against the ego with the same rage the ego previously used in its struggle with the object" (Greenacre, 1945, p. 393). "I want to kill him" becomes "I deserve to be killed." But Crawley has not completely regressed to the level of severe melancholia. He has not said, "I am the greatest sinner in the world." His aggression against the world, sometimes even against God, is still often enough vigorously outward.

Trollope sensed the vivid realism in the portrait of Reverend Crawley, and the precise degree of his mental aberration then becomes the central theme of *The Last Chronicle of Barset*. It is a long and complicated story, bringing together almost every major character of the five earlier novels. Emotionally, it has the impact of a grand reunion of old friends, the reader sharing, participating in, and savoring the pleasure of rekindled warmth of friendship. But it begins with a most unexpected and shocking accusation. Crawley has been accused of stealing a check for twenty pounds. The evidence is very strong against him. The check had been lost by a man who had visited the Crawley home. It was cashed by Crawley, who gave two conflicting and apparently untrue explanations of his possession of the check when confronted by the authorities.

We read at the very beginning of *The Last Chronicle of Barset* (1867):

... he was moody and disappointed. He was even worse than this; he was morose, sometimes almost to insanity. There had been days in which even his wife had found it impossible to deal with him otherwise than as with an acknowledged lunatic. And this was known among the farmers, who talked about their clergyman among themselves as though he were a madman. But among the very poor, among the brickmakers of Hoggle End—a lawless, drunken, terribly rough lot of humanity—he was held in high respect; for they knew that he lived

hardly, as they lived; that he worked hard, as they worked; and that the outside world was hard to him, as it was to them; and there had been an apparent sincerity of godliness about the man, and a manifest struggle to do his duty in spite of the world's ill-usage, which had won its way even with the rough; so that Mr Crawley's name had stood high with many in his parish, in spite of the unfortunate peculiarity of his disposition. This was the man who was now accused of stealing a cheque for twenty pounds. (p. 4).

Trollope knew that he was describing psychopathology. With dynamic consistency, Crawley's mental condition has deteriorated at this point in the story from what it was ten years earlier, in *Framley Parsonage*. It is, in fact, the very thinking disorder itself that is the key element of the plot of this long novel and the background theme to the character development of the other characters. The essential plot can be described simply. Driven by necessity and overcoming deepest bitterness and humiliation at the need to do so, Crawley accepts gifts of money from his old friend Arabin, Dean of Barchester, and Mrs. Arabin. (These two were hero and heroine of *Barchester Towers*.) For much of *The Last Chronicle of Barset* the Arabins are not in England. Mrs. Arabin is traveling in Europe, and her husband is in Palestine. Crawley implies that the "stolen" check must have come as a gift from Dean Arabin. A brief letter to the authorities from Arabin says that fifty pounds in notes were given by gift, and *only* that money.

Upon hearing this, Crawley withdraws further into his shell and says nothing more, while to his wife he says he certainly must be guilty, in light of what Arabin wrote. The force of the depression has taken its mental toll of Crawley. He is more withdrawn, embittered, and friendless. There has developed some detachment of the ego from reality. Mrs. Crawley cares for him in all matters, and his thinking is clear only in the area of Christianity and classical learning. But here it is very sure and clear. His work goes on, but he cares nothing for worldly goods, for money. Much of Trollope's characterization has to do with

Crawley's sense of humiliation over, yet his perverse pride in, the poverty to which his loyal wife and dear children have had to be subjected. All of this has driven him to the verge of insanity. When his old friend, the now affluent dean, writes that the check did not come from him, Crawley awaits his fate passively. He ostentatiously accepts Dean Arabin's memory over his own. He has no explanation. He tries no others.

The genius of Trollope emerges in his portrayal of the reactions of his great cast of characters to such an event. The mystery remains for most of the book. The resolution is simple. Unknown to Arabin, the check had come from Mrs. Arabin, as an extra gift. It had earlier been stolen, but had come legitimately into her possession. The more money given as gift to Crawley, the bitterer his cup of gall. When he gets it, he puts the check aside in his home, and also puts it out of his mind. Six months later, when he is greatly pressed to pay a debt, he finds the check, cashes it, and uses the money. It is then discovered to be the lost check, and Crawley is accused of stealing it. With the Arabins' return to Barchester as the novel ends, the mystery is resolved, and Crawley's name is cleared.

The essence of the story is Crawley's inability and unwillingness to attempt a further explanation as to how the check came into his possession. The confusion, the thinking disorder, and the partial detachment from reality that have invaded his ego processes have made it impossible for him to remember that the check six months earlier was in the Arabin envelope. He submissively defers to the implications of his successful friend's brief statement limiting the gift to exactly fifty pounds. He suffers profound superego punishment and, incidentally, turns the aggression outward through the guilt ultimately engendered in all those who so falsely held him to be a thief.

One final passage, to show again the psychodynamic consistency and validity so thoroughly characteristic of Trollope. Crawley is about to be brought to trial for the crime, with no defense. He has resigned his parish as a matter of principle. Trollope (1867) writes:

It seemed as though the loss of everything in the world was in some way satisfactory to him. He had now given up his living by his own doing, and had after a fashion acknowledged his guilt by this act. He had proclaimed to all around him that he did not think himself to be any longer fit to perform the sacred functions of his office. He spoke of his trial as though a verdict against him must be the result. He knew that in going into prison he would leave his wife and children dependent on the charity of their friends—on charity which they must condescend to accept, though he could not condescend to ask it. And yet he was able to carry himself now with a greater show of fortitude than had been within his power when the extent of his calamity was more doubtful. I must not ask the reader to suppose that he was cheerful. To have been cheerful under such circumstances would have been inhuman. But he carried his head on high, and walked firmly, and gave his orders at home with a clear voice. His wife, who was necessarily more despondent than ever, wondered at him—but wondered in silence. It certainly seemed as though the very extremity of ill-fortune was good for him (p. 539).

Suffice to say that all ends well, that the Reverend Crawley at last is offered a better living, and after due self-abasement and doubt, finally accepts. The Basset series is over.

Two major questions remain to be answered with respect to Trollope and the Basset series. First, what were the wellsprings of his inspiration, the source of his genius at characterization? Second, were there any specific personal experiences explaining his sensitivity to depressive psychopathology? In this paper I will not go further into the first, general question. Trollope had what Phyllis Greenacre (1957) calls “the love affair with the world which seems to be an obligatory condition for the development of great talent or genius” (pp. 57-58). Trollope was in love with life and his world, and writing was the great love of his life.

We turn to the second question, and for illumination we have Trollope’s *Autobiography* and the brilliant biography by Michael Sadleir. Trollope (1883) tells us:

My father was a Chancery barrister practicing in London, occupying dingy, almost suicidal chambers, chambers which on one melancholy occasion did become absolutely suicidal. A pupil of his destroyed himself in the rooms. [My father] was an excellent and most conscientious lawyer, but plagued with so bad a temper, that he drove the attorneys from him. In his early days he was a man of some small fortune and higher hopes. These stood so high at the time of my birth, that he felt to be entitled to a country house, as well as that in [London]; and in order that he might build such a residence, he took the farm. Things there went much against him, the farm was ruinous. My father's clients deserted him. He purchased various dark gloomy chambers, and his purchases always went wrong. Then, as a final crushing blow, an old uncle, whose heir he was to have been, married, and had a family! . . . (pp. 2-3).

While I was at Winchester my father's affairs went from bad to worse. He gave up his practice at the bar, and, unfortunate that he was, took another farm. He had no knowledge, and when he took this second farm, no capital. This was the last step preparatory to his final ruin (p. 6).

My father and I lived together, he having no means of living except what came from the farm. My memory tells me he was always in debt. Of self-indulgence no one could accuse him. Our table was poorer, I think, than that of the bailiff who still hung on to our shattered fortunes. The furniture was mean and scanty. My father's health was very bad. During the last ten years of his life, he spent nearly the half of his time in bed, suffering agony from sick headaches. But he was never idle unless when suffering. He had at this time commenced a work, an *Encyclopaedia Ecclesiastica*, as he called it,—on which he labored to the moment of his death. Under crushing disadvantages, with few or no books of reference, he worked at his most ungrateful task with unflagging industry . . . (pp. 11-12).

[When my] father died, with him died that tedious task of his, which I can only hope may have solaced many of his latter hours. I sometimes look back, meditating for hours together, on his adverse fate. He was a man, finely educated, of great

parts, with immense capacity for work, physically strong very much beyond the average for men, addicted to no vices, carried off by no pleasures, affectionate by nature, most anxious for the welfare of his children, born to fair fortunes,—who, when he started in the world, may be said to have had everything at his feet. But everything went wrong with him. The touch of his hand seemed to create failure. He embarked in one hopeless enterprise after another, spending on each all the money he could at the time command. But the worst curse to him of all was a temper so irritable that even those whom he loved the best could not endure it. We were all estranged from him, and yet I believe he would have given his heart's blood for any of us. His life as I knew it was one long tragedy (pp. 26-27).

The parallels between the portrait of Crawley and Anthony Trollope's father are obvious and compelling: the brilliant, well-educated, well-married man; the frustration, bitterness, disappointment, and bad temper; the unrealistic and practical attitudes toward affairs of daily life; the alienation from his immediate family, and more so from friends; the withdrawal and hard labor; the utter poverty of the farmhouse of Trollope's youth, almost a verbatim description of the poor parsonage at Hoggstock. And Trollope tells us, "My father and I lived together," the rest of the family being off at school or with mother on the disastrous venture in Cincinnati. We can sense the humiliation of the adolescent Anthony over the struggles and failure of a devoted father, humiliation above and beyond his own wretched school experiences of that period.

I believe the portrait of Crawley can be characterized as a son's honest tribute to his father. It is an act of love not to dishonor his father with a false portrait. Nowhere in the *Autobiography* are we led to believe that Trollope himself was conscious of his source. We do have there his own evaluation of the portrait of Crawley: "I claim to have portrayed the mind of the unfortunate man with great accuracy and great delicacy. The pride, the humility, the manliness, the weakness, the conscientious rectitude and bitter prejudices of Mr. Crawley were, I feel,

true to nature and well described" (p. 230). Is not this sensitive portrait of Mr. Crawley the ultimate gift? It is a work of art in which we see the artist's father, in thin disguise, as he actually was, his virtues and his failings, without idealization, and we react with charity and compassion.

At first glance the complete portrait of Josiah Crawley in the Barchester series seems to be unsatisfactory and psychologically unsound; we feel we are dealing with a novelistic weakness. One could argue that the story of such a depressed man should not have a happy ending. After all, Crawley's life history deteriorates gradually from his first appearances in *Barchester Towers* through the remaining volumes until he is accused of the heinous crime. Some tragic ending reminiscent of the works of the greatest novelists, such as Tolstoi or Dostoyevski, might have lifted Trollope to the very highest rank of novelists. But Trollope is quite capable of depicting great tragedy in life. His first novel, *The MacDermots of Ballycloran*, set in poverty-stricken Ireland where Trollope was familiar with every nook and cranny, is a story of a disintegrating family involving sex, murder, and retribution. In fact, it was the reaction to this book, with its dark, tragic lives of the several MacDermots, that turned Trollope ultimately toward Barchester. No more Irish tragedy, his publishers told him. The public did not like it.

Trollope's genius was in finding tragedy and comedy among the routine transactions of everyday life. His similarity to Chaucer has been noted. Both appreciated the infinite variety of everyday human experience, the superficialities of most, and the unexpected profundity of some. So with Josiah Crawley. As a falsely humble man, he refused to assert his own memory that the check had come from the envelope of his friend, Dean Arabin. He knew it all along, he finally says, when told by Arabin and his wife, but until then he exaggeratedly bows his neck to the dean's statement that he—the dean—had not given him the check. "Of course he must be right—my mind cannot be trusted," and so he tortures himself and all those who love him.

But I believe Trollope is finally right and psychologically con-

sistent in the ending he wrote. Crawley is not mad, and never was. He was bitter, enraged, narcissistically wounded to the quick, and intensely proud of his suffering. It is almost palpable as he trudges miles and miles from Hoggstock to the farther reaches of Basset County, proudly displaying his suffering to everyone. He is not mad but rather perplexed by his memory failure, and he is always in some control of his depression. His deeper sadism is ever evident in his ostentatious masochism.

Nowhere is this clearer than in his treatment of his wife. Mrs. Crawley is a typical Victorian wife, accepting without complaint the marriage dictum, "for better, for worse, till death us do part." "Mr. Crawley might have been a bishop, and Mrs. Crawley, when she married him, perhaps thought it probable that such would be his fortune. Instead he was now . . . a perpetual curate with an income of one hundred and thirty pounds per annum—and a family" (Trollope, 1867, p. 5).

Crawley torments and berates his loyal wife for accepting food and clothing gifts for their family. She silently accepts his harsh rebukes, and continues to accept the gifts unbeknownst to him. He feels anger at fate and at the world's cruelty. He knows there is no one to blame for it, but his loud suffering is not quieted. He is sensible enough to feel guilty about the pain he is causing, but being enraged, his target is, as is so often true, those nearest and dearest to him. His conscious guilt is misplaced. It is about his poverty and small income. He knows the pain he causes his wife and children by his loud suffering. But despite the guilt this causes him, he cannot stop.

When he discovers, in simple, straightforward Trollope fashion, that the check was put in the dean's gift envelope by Mrs. Arabin, Crawley reacts simply:

"Gentlemen," said Mr. Crawley, "I was sure of it. I knew it. Weak as my mind may be—and at times it is very weak—I was certain that I could not have erred in such a matter. The more I struggled with my memory, the more fixed with me became the fact,—which I had forgotten just for a moment,—that the

document had formed a part of that small packet handed to me by the dean. But look you sirs, . . . I said that it was so, and the dean denied it. . . . So far have I been from misdoubting the dean—whom I have long known to be in all things a true and honest gentleman—that I postponed the elaborated result of my own memory to his word" (p. 578).

No reader can accept Crawley's elaborate deference toward his old friend Arabin at face value. Crawley knows himself to be the superior scholar of the two, and we know (as much as we can say "know" about a character in a novel) that Crawley remembers, because *we* remember, his real moral support of his friend Arabin in the great religious crisis of Arabin's life. (The episode occurs in *Barchester Towers*.) This is submission in the service of the victim because it is the victim's form of triumph. Crawley has already told us, "I was sure of it. I knew it." In old-fashioned structural psychoanalytic parlance, Crawley's violent drive derivatives are being amply discharged through rationalizations.

So Crawley's story has no ending of doom, but an ending consonant with reality and with everyday experience. Trollope's nontragic ending solves Crawley's problems, and it is not off the mark in a specific, clinical way. Had the story occurred a century later than its approximate setting of 1860, one could imagine Josiah Crawley visiting a psychoanalyst because of his depression and self-abasement. The real knowledge of the check's origin in Arabin's envelope was not under great repression and could easily be recovered (imagining Crawley to be a real person with those real problems) after a relatively few sessions and in a favorable therapeutic climate. Some of the pride, the narcissism, and the rage would be exposed, and the repressed memory would not be far behind. It is not an unfamiliar clinical picture.

Trollope is a master of the interior monologue. In novel after novel the psychoanalyst-reader is moved by the reverberating voices of inner conflict, unerringly reported. Trollope is aware, and says so explicitly, that many aspects of conflict are unconscious or partly or fleetingly conscious.

In 1860 Nathaniel Hawthorne wrote:

[The novels of Anthony Trollope] precisely suit my taste; solid, substantial, written on strength of beef and through the inspiration of ale, and just as real as if some giant had hewn a great lump out of the earth and put it under a glass case, with all its inhabitants going about their daily business, and not suspecting that they were made a show of (Sadleir, 1927, p. 240).

Sadleir (1927) tells us:

At its best [a Trollope novel] represents a distillation of that element in story telling on which all other elements depend, without which no blend—however skillful—of fact, incident, idea and description can be recognized for fiction at all—the element of characterization. . . . Power of characterization, then, is the superlative quality of Trollope as a novelist. And as revealed by him, it is not a power of observation nor of imagination; not a power of knowledge nor of intuition; but a compound of all four, with a something added of the author's personality, giving to the whole a peculiar but elusive flavor (p. 178).

He possessed an intuitive understanding of individual human nature which no other English novelist can rival, and a command of easy flexible language exactly suited to the expression of ever-changing human moods (p. 366).

Trollope himself was robust, active to the point of boisterousness with his friends, in every way very English. As Nathaniel Hawthorne described the work, so his son Julian, in 1887, described the man, "nourished with beef and ale." The younger Hawthorne gives a sensitive and sympathetic description of Trollope, noting under his heartiness and straightforwardness a wish to be approved of and accepted. There was perhaps a slight touch of depression about him. Sadleir adds,

He was tolerant partly from experience but mainly because he had that understanding of human foibles which is neither in-

tellect nor intelligence but a sort of super-sense of the power of temptation and the means to overcome it. He always liked to think the best of everybody, and in his books he is at pains to bring out the good points even of persons in the main contemptible (p. 338).

I will close with a quotation from another critic. Richard Church (1961), in an introduction to *The Warden*, writes:

But all this external consideration of *The Warden* does not explain the deepest quality of all, on which Trollope's work is founded: the rock of the very man himself. In this respect, we may apply to him his own words, written of Mr. Harding. "He had very often been moved to pity—to that inward weeping of the heart for others' woes." There is the secret of this novelist's survival. He learned in a hard school during his impressionable years. He never forgot the price of suffering, and its reward (p. xiv).

REFERENCES

- BRACE, G. W. (1964). Introduction. In *The Last Chronicle of Barset* by A. Trollope. New York: Norton, pp. vii-xx.
- BREUER, J. & FREUD, S. (1893-1895). Studies on hysteria. *S.E.*, 2.
- CHURCH, R. (1961). Introduction. In *The Warden* by A. Trollope. London: Oxford Univ. Press, pp. vii-xiv.
- CHUTE, M. (1946). *Geoffrey Chaucer of England*. New York: Dutton.
- COHEN, M. (1964). Chaucer's prioress and her tale. A study of anal character and anti-Semitism. *Psychoanal. Q.*, 31:232-249.
- FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- GREENACRE, P. (1945). Conscience in the psychopath. In *Trauma, Growth and Personality*. New York: Norton, 1952, pp. 165-187.
- (1957). The childhood of the artist. Libidinal phase development and giftedness. *Psychoanal. Study Child*, 12:47-72.
- PRIESTLY, J. B. (1960). *Literature and Western Man*. New York: Harper.
- SADLEIR, M. (1927). *Trollope, A Commentary*. London: University Press, 1961.
- TROLLOPE, A. (1855). *The Warden*. London: Oxford Univ. Press, 1961.
- (1857). *Barchester Towers*. New York: Heritage Press, 1958.
- (1858). *Doctor Thorne*. Boston: Houghton Mifflin, 1954.

- (1861). *Framley Parsonage*. London: Oxford Univ. Press, 1961.
- (1864). *The Small House at Allington*. London: J. M. Dent. & Sons, 1951.
- (1867). *The Last Chronicle of Barset*. New York: Norton, 1964.
- (1883). *An Autobiography*. Berkeley/Los Angeles: Univ. of California Press, 1947.
- TROLLOPE, MRS. [Frances] (1832). *The Domestic Manners of the Americans*. London: Whittaker, Treacher & Co.

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The Role of the other in Mourning

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THE ROLE OF THE OTHER IN MOURNING

BY GEORGE HAGMAN, M.S.W.

Mourning is a highly social process. This paper's thesis is that surviving objects play a crucial role in the accomplishment of a number of the major psychological tasks of mourning. To illustrate the thesis, the psychoanalytic treatment of a man suffering the aftermath of parental loss in adolescence is presented. The failure of the social surround to assist with mourning is identified and explored, and the treatment implications of the role of the other in mourning are discussed.

INTRODUCTION

This paper will discuss the impact of the social context on bereavement—specifically, the role of other persons in facilitating the mourning process. I will discuss the writings of a number of analysts who from diverse perspectives have stressed the importance to bereaved persons of a loving and helpful social surround. Elaborating on the literature, I will attempt to identify eight functions which the other performs and to clarify how these functions promote mourning. These functions are: 1) understanding the reality of loss; 2) working through shock; 3) “holding the situation”; 4) meeting libidinal needs; 5) being a narcissistic resource; 6) facilitating, modulating, and containing the expression of affects; 7) putting affects into words (symbolization); and 8) assisting with the transformation of the internal relationship with the lost object.

In support of my thesis, I will discuss the treatment of a man whose repressed affects related to bereavement became a major

focus of analysis. The inhibition of mourning, resulting in part from the failure of the other to provide the above functions, will be highlighted.

In *Mourning and Melancholia* Freud (1917) offered his major contribution to the study of mourning in a brief section which served as the introduction to his discussion of melancholia. He begins with a question:

In what, now, does the work which mourning performs consist? . . . Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed when a substitute is already beckoning to them. . . . Normally, respect for reality gains the day. Nevertheless its orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper-catheted, and the detachment of the libido is accomplished in respect of it. . . . when the work of mourning is completed the ego becomes free and uninhibited again (pp. 244-245).

The entry on mourning in the 1990 edition of *Psychoanalytic Terms and Concepts*, edited by Moore and Fine, elaborates on Freud's original formulation.

The work of mourning includes three successive, interrelated phases; the success of each affecting the next: (1) understanding, accepting, and coping with the loss and its circumstances; (2) the mourning proper, which involves withdrawal of attachments to and identifications with the lost object (decathexis); and (3) resumption of emotional life in harmony with one's

level of maturity, which frequently involves establishing new relationships (recathexis) (p. 122).

Since bereavement is typically an extremely social experience (Berger, et al., 1989; Kalish, 1980), what role if any do others play in the mourning process? Nonanalytic research has shown repeatedly that the availability of supportive others is an important factor in the resolution of bereavement (Bowlby, 1980; Jacobs, 1993; Parkes, 1972; Parkes and Weiss, 1983). Bowlby (1980) notes how "families, friends, and others play a leading part either in assisting the mourning process or in hindering it" (p. 191). The most important function in the facilitation of mourning, Bowlby determined, was the acceptance, even the encouragement, of expressive mourning. Parkes (1972) echoed Bowlby by emphasizing the importance of social support to bereaved persons and the danger of isolation.

Psychoanalytic researchers have also noted the importance of others in mourning. Most prominently it has been claimed that the successful adaptation to loss in childhood depends on the continued availability of parental (or substitute) supports (Furman, 1974; Laufer, 1966; Nagera, 1970; Wolfenstein, 1966). Erna Furman (1974) provides the best discussion of this viewpoint: "Our experience shows that the surviving love objects play a crucial part in the life of the bereaved person and contribute much to the manner in which he deals with his loss" (p. 109; see also Furman, 1986). The surviving love objects offer security and need fulfillment in the midst of loss; and they provide love, which involves empathy and the acceptance of feelings. "Help with mourning is the essence of the surviving love object's role. . . . Mourning alone is an almost impossible task even for a mature adult" (Furman, 1974, p. 114). One crucial area of help is in the expression and regulation of grief; Furman writes: "Sometimes . . . the difficulty in affective expression stems simply from not having anyone who shares feelings or towards whom they can be expressed" (p. 261). In her review of the clinical literature of childhood bereavement Furman noted

the almost complete neglect of the role of others in mourning (pp. 285-286).

Approaching childhood bereavement through the study of its sequelae in adult psychopathology (see Fleming, 1963), Joan Fleming (1972) stated: "The detrimental effects of parental loss depend very much on the age at which the loss occurs, on the character of the preloss relationship, *on the availability of a good substitute, and on the type of relationship maintained with the surviving parent*" (p. 35, italics added).

Recently Shane and Shane (1990) have approached the problem of childhood bereavement from a self psychological perspective. The Shanes point out that in bereavement there is not only the loss of an object, but the loss of the narcissistic functions of the lost "selfobject."

Given an adequate supportive environment . . . the child will *spontaneously* mourn the death of an important loved one. The pain of loss can be borne and the necessary capacity to think, talk and reflect about it can be sustained if the child is helped to mourn rather than stifled by the unempathic criticism and unrealistic standards for mourning behaviors (p. 115).

Here the Shanes echo Furman's point that the surviving love object's capacity to appreciate the inner world of the child and to respond appropriately supports the child's self which, because of the death, has suffered narcissistic injury. Without the presence of this self-supportive environment mourning may be foreclosed.

The assumption regarding childhood loss is that because of the child's immature ego and continued dependence on the surround for survival and for object-libidinal sustaining experiences, the needs of bereaved children are different from those of adults. There is implicit in the childhood literature the assumption that the mourning of adults is less dependent on interpersonal factors. Few analysts, however, would claim that bereaved adults do not benefit from the presence of concerned others.

For example, Melanie Klein (1940), in her paper "Mourning and Its Relation to Manic-Depressive States," delineates from an object relations perspective the role of the good object in the internal psychical process of mature mourning. Klein stresses that the resolution of the regression to the paranoid-schizoid position which characterizes mourning depends to some extent on the internalization of experiences of support and love from external objects. This internalization of the good object mitigates primitive aggression and facilitates movement toward and through the depressive position, and hence, to the successful resolution of the mourning process. Klein writes:

. . . if the mourner has people whom he loves and who share his grief, and if he can accept their sympathy, the restoration of the harmony in his inner world is promoted, and his fears and distress are more quickly reduced" (p. 145).

Contemporary infant research and psychoanalytic clinical theory have emphasized the many functions of the caregiver and social surround in development and maturation (Emde, 1989; Emde and Buchsbaum, 1989; Kohut, 1977; Krystal, 1978, 1988; Lichtenberg, 1989; Stern, 1985; Stolorow, et al., 1987; Winnicott, 1965). Drive, ego, object relations, and self development all depend not only on inherent tendency and capacity, but also on reliable and responsive caregiving. Recently, these findings have been extended to adult psychology (Dowling, 1990; Dowling and Rothstein, 1989). In addition, it has been accepted that regression due to psychopathology or trauma may evoke archaic states necessitating an increased need for helpful environmental response. This is certainly the case during mourning when there is a need for environmental involvement if the complex and difficult tasks of recovery are to be accomplished without lasting impairment. It is important to note that when I say *environmental involvement* I do not necessarily mean psychotherapy, but rather the normal responsiveness of involved and concerned others.

In summary, if we put aside the distinction between adult and

childhood bereavement, the psychoanalytic literature is consistent in identifying several key roles for the other in mourning: 1) to assure the continuance of basic living needs; 2) to provide love, empathy, and understanding; and 3) to accept and/or share affect. I would like to expand on these functions and to be more specific regarding their psychodynamic implications. To this end I will break down the three functions listed above into eight subgroups and will discuss their relevance to the psychoanalytic treatment of a bereaved adult.

I have identified the eight functions of the other in mourning from a review of the literature on mourning, child development, object relations, and self psychology, from personal observations of mourning, and from the psychoanalytic treatment of bereaved adults. These functions frequently overlap, and in certain cases the same behaviors may meet several areas of need (e.g., providing libidinal satisfaction may also meet narcissistic needs).

1) *Understanding the reality of loss.* Freud (1917) pointed out how the bereaved initially try to deny loss until, eventually, reality testing prevails. Furman (1974) and Baker, et al. (1992) view the development of an understanding about death in general, as well as about the nature of a particular death, as the first task of mourning. Invariably, other people play a crucial part in providing information during bereavement. How one becomes aware of a death is usually with or from others. Whether one is told in a clear, a confusing, or even a deceptive way will affect one's ability to understand. Often persons are deprived of essential details for extended periods after a loss occurs. Empathy (or the lack thereof) can greatly influence how we "take in" the news. The availability of a knowledgeable and caring doctor, policeman, or family member and the ability to ask questions and express doubts repeatedly and fully can assist in the understanding and eventual acceptance of death. In the absence of information and discussion it is easy for denial to take hold. A good contemporary example is the long-term struggle of the families of soldiers missing in action in Vietnam. The absence of

concrete knowledge of death often leads to doubt and denial. The initial shock of death and the defenses which are marshaled to protect against trauma will be greatly influenced, for good or ill, by the degree of attunement of the messenger, or fellow mourners.

An emphasis on the role of others in the development of the subjective meaning of a bereavement is not meant to minimize the importance of intrapsychic factors (Hagman, 1995b). The death of another resonates deep within the unconscious, which powerfully influences the meaning of the loss. For example, a violent or otherwise painful death can graphically evoke forbidden aspects of ambivalence leading to anxiety and defense. On the other hand, a quiet, painless death may allow these negatively charged fantasies to remain repressed and outside the domain of the work of mourning. Since it is commonly through communication with others that we learn about an impending or actual death, these others play a key role in our initial experience and understanding of the loss.

2) *Working through shock*. Freud, Bowlby, and Parkes have all stressed the existence of an initial "shock phase" when the reality of death is recognized. Once again the issue of ambivalence may contribute to the "shock" experienced in response to bereavement. The realization of a forbidden aggressive wish may lead to an emergency attempt to ward off fantasy and affect and perhaps to deny the reality of the death. The mobilization of more advanced and effective psychological defenses (intellectualization, repression, and identification) may take time. Recognition of ambivalence may be essential during later stages of the mourning process; however, during this early phase the maintenance of psychic equilibrium may require vigorous defensive effort. The presence and involvement of caring others is crucial to the emergence from this period of psychic numbness (Baker, et al., 1992). Physical closeness, empathy, and perhaps the sharing of affects such as sadness, fear, and rage allow for the safe emergence of the self from shock. Expressions of love and ten-

derness and simple acts of caring can serve to convince the bereaved that reality can be endured. On the other hand, the willingness to suspend intimate gestures or comfort may be important in some cases. The acceptance of expressions of negative affects such as anger or hatred may be painful but nonetheless inevitable and essential to the process. In another work I described during this phase "the reflexive fortification of the self in response to a perceived threat of attack on its integrity" (Hagman, 1995a, p. 196). Once again the experience of an attuned response from the social surround provides the necessary "background of safety" for mourning to occur (Sandler, 1960).

3) "*Holding the situation.*" It has been repeatedly noted that the demands of the changed environment frequently derail the mourning process (Bowlby, 1980; Parkes, 1972). Funeral and burial arrangements, child care, obtaining and preparing food, and securing financial resources are just some of the multiple tasks with which the bereaved have to be concerned. Winnicott (1965) stressed the key role of basic environmental provision in regressive states. During bereavement it is important that there are others within one's social network who are able and willing to assure that basic needs are met. In many cultures there is a designated member of the community or family who manages the rituals of interment and mourning. During a specified period of mourning, the survivors are provided with food and other supports. Both Parkes and Bowlby have noted how persons isolated from supportive relationships fare badly, principally because of their need to defend against the regression of mourning in the face of basic demands of living. Only when one is assured that one's survival is not in danger can one afford the "luxury" to mourn (Bowlby, 1980). Recently, Slochower (1993) described the holding function of the Jewish custom of "sitting shiva." She argued that these social rituals "enable the mourner to mourn within the context of care. . . . The community . . . provides the mourner with this therapeutic hold. It is reflected in both concrete care and the emotional space within which the mourner is encouraged to experience and express a variety of

feeling states" (p. 360). Echoing Slochower, Galatzer-Levy and Cohler (1993) have highlighted the role of ritual and social surround as essential others in bereavement (pp. 329-336).

4) *Meeting libidinal needs*. In spite of their seeming withdrawal and lack of interest in the world, bereaved persons continue to need the availability of libidinal objects. Affection, physical closeness, and sexual intimacy can all play a part in the expression of grief and the experience of mourning. On the other hand, there are times when the bereaved would be overwhelmed or otherwise threatened by strong libidinal contact. To this end, the other must remain attuned to the changing needs of the bereaved so as not to impair the unfolding of mourning. Most important, as Freud stressed, it is the lure of reality and the resurgent pressure of libidinal wishes which fuel the recovery process. The continued availability of libidinal objects is therefore a key element in the facilitation of mourning.

5) *Being a narcissistic resource*. Jacobson (1965), discussing the psychoanalyses of adult patients who lost parents in childhood, emphasized the narcissistic injury resulting from the loss of a love object. Echoing Jacobson, Shane and Shane (1990) stress that upon the loss of a loved one, the bereaved is not only deprived of the libidinal and aggressive functions of the object but the narcissistic functions which have played a crucial role in the regulation and sustenance of the self (see also Hagman, 1995b). The Shanes note how the narcissistic loss may be less identifiable than the loss of object functions; nonetheless, the attuned presence of a responsive other is a continued need of the bereaved. Clearly, several of the functions noted above can be understood also in terms of narcissistically sustaining experiences. However, I think that it is crucial to differentiate areas of narcissistic vulnerability and need from object relational ones.

6) *Facilitating, modulating, and containing the expression of affect*. The close association of grief with mourning has made them virtually synonymous. But mourning may include a range of affects which, while normal and healthy, seem contradictory to the consciously held relationship with the lost object. These

mourning affects may include rage, hatred, fear, joy, hunger, sexual excitement, etc. What is common to all of the mourning affects is their intensity as well as their association with bereavement. Fundamental to the work on this dimension of the mourning process is the ability to express, contain, and modulate these affects. Stolorow and co-authors (1987) have noted: "A process of mourning and grief following loss can occur only if depressive affects can be identified, comprehended, and tolerated" (p. 75). Many analysts and researchers have emphasized the ubiquity and importance of affect expression in mourning, most especially grief (Deutsch, 1937; Lindemann, 1944).

The affective experience of mourning can be characterized as a temporary regression to an archaic state of abandonment, helplessness, and yearning. Parkes (1972) understands grief itself as a desperate attempt to recover the lost object through distressful affect. Stolorow, et al. (1987) have noted how mature persons "may revert to more archaic, somatic modes of affect expression in the unconscious hope of thereby evoking the needed response from others" (p. 73). Several authors have given examples of how the absence of other persons with whom to share one's mourning affects leads to pathological outcome (R. Furman, 1968; Kliman, et al., 1969; Moller, 1967; Solnit, 1970). Many others have stressed the importance of meaningful love objects who empathize with and accept the mourner's feelings, but they have not elaborated this point in theoretical terms (Klein, 1940; Lindemann, 1944; Ottenstein, et al., 1962; Paul, 1969; Peniston, 1962; Steiner, 1970).

The intensification of ambivalence toward the lost object may lead to conflict. Anger, frustration, and even hatred are felt by the bereaved to be unspeakable. In many cases fellow mourners (and the general cultural ethos) discourage these negative affects. Prohibitive sanctions compound and intensify defense, which may lead to pathological outcome or at least to the partial derailment of mourning. The presence of others who accept and facilitate the expression of the full range of affects aids in

the containment, modulation, and resolution of ambivalence. Through emotional responsiveness and empathy the other person creates an ambiance which allows for open expressiveness. (Note that this ambiance should not be confused with Western culture's defensive overemphasis on comfort and affect suppression which is meant to block the expression of painful or threatening mourning affects.)

Krystal, Kohut, Emde, and Stolorow have discussed at length the function of the other in the articulation, integration, and developmental transformation of drive and affectivity. Stolorow has noted how emotional attunement assists in the modulation, gradation, and containment of strong affect. This leads to the synthesis of contradictory affective experience and the eventual effective use of affects as self-signals (Stolorow, et al., 1987). Krystal (1978) emphasizes that without self-signal capacity, affects tend to herald traumatic states and are thus defended against; emotionality then comes to be experienced as solitary and unacceptable. As Deutsch (1937) and Lindemann (1944) note, the fear of the regressive experience of bereavement may lead to repression and denial and thus to a postponement of mourning. On the other hand, Stolorow notes how mutual sharing and acceptance leads to the integration of affect states into *cognitive-affective schemata* which are key components of psychic structure (see also Horowitz, 1990).

7) *Putting affect into words (symbolization)*. The ability to put the mourning affects into words is crucial to engagement in the cognitive-affective work which characterizes the later stages of mourning. Language does not set this machinery in motion so much as it serves as a primary tool in the ego's effort to bring order to discrepant and/or inchoate impulses, perceptions, and experiences. With language, the experience of the bereaved self is structured and transformed through dialogue. I have noted that one of the primary roles of others in this area is the encouragement of and receptivity to the verbalization of feeling, experience, and memory. The verbal expression of affect (as

opposed to simple physical discharge) allows for affect regulation and more effective engagement in the psychological work of internalization, decathexis, and recathexis.

This creative verbalization during mourning stands in contrast to the frequent use of language as a "balm," a defense against the normal experience of painful reality, fantasy, and affect. Failure to achieve the symbolic representation of affect can lead to its repression or an inability to move beyond the longing and tearfulness which characterize the early stages of mourning. Eventually, the ability to hold the memory of the deceased in mind without significant regression or anxiety is key to the working through of attachment, the transformation of the representation of the lost object internally, and the resumption of a creative involvement in the external world. For example, the presence of depressive symptoms in the bereaved frequently indicates ambivalence. Inevitably, the resolution of ambivalence will depend on the conscious restructuring of negative fantasies and the verbal articulation of ambivalent affects. However, bereaved persons will be reluctant to talk about their pain unless they feel others are understanding, responsive, and accepting.

8) *Assisting with the transformation of the internal relationship with the lost object.* All of the foregoing functions serve to create a secure and responsive ambiance in which to mourn. Freud understood the decathexis of the internal representation of the lost object as the essence of the mourning process proper. Others have emphasized the combination of internalization, decathexis, and recathexis (Abraham, 1925; Fenichel, 1945). In addition, the transformation of the internal representation of the lost object invariably involves others.

Clinically, this is seen in the psychoanalytic treatment of bereaved children and adults. Some have noted how the analysis of the transference with these patients not only helps to precipitate mourning, but also plays a part in the resolution of the attachment to the internal image of the lost parent (Fleming and Altschul, 1963; Furman, 1986). Earlier, Klein (1940) discussed how the analyst, as the object of projection and internalization,

plays a vital and determining role in the dynamics of the mourning process. On a conscious level, others play a role in the bereaved's reminiscing and during resurgences of mourning. Unconsciously, the bereaved will project aspects of the lost object and re-enact areas of unresolved conflict or longed-for gratification. In most cases the eventual recognition that the new object is not the old one will lead to disillusionment, decathexis, and growth (Fleming, 1972). In other cases of pathological bereavement there may be a continuing compulsion to search for and recover the lost relationship; resolution may then be prolonged, and analysis may be required. In terms of the restoration of the self in mourning, once again the availability of an optimally responsive milieu acts as a *facilitating medium* for the integration of affect and the repair of injured narcissism. In other words, the object is accepted as lost, but the supporting matrix and sustaining psychological nutriments of the self survive (Hagman, 1995a, 1995b).

I would like now to discuss the treatment of a man who suffered a bereavement prior to analysis. I will illustrate how the failure of others to provide the functions discussed above contributed to the foreclosure of mourning; and how the analysis of these failures and the provision of specific supportive functions led to the resumption and resolution of the mourning process.

SAM

Sam was a thirty-seven-year-old mathematics professor who entered psychoanalytic psychotherapy several months after his father's death from cancer. He was seen three times weekly on the couch for five years. Sam's wife had encouraged him to seek treatment because of his growing depression and social withdrawal. He himself was only vaguely aware of a problem.

Sam was a tall, attractive man, somewhat morose, with an introverted, pensive manner. The initial weeks of treatment centered on Sam's work and on his highly intellectual inner life.

He read endlessly and was preoccupied with trying to understand the world logically. At the same time he was fascinated by a contradictory idea: that there were limits to logic. Chaos theory was one of his interests, the notion of reality being both ordered and infinitely complex and unknowable. Sam wove endless, vivid arguments in sessions. The only thing he admitted that he may never be able to explain or accept was death.

Sam's mother had died after a seven-year battle with cancer when he was nineteen years old. During the last several years of her life the family (his father and two sisters) became increasingly withdrawn, and eventually the mother's impending death was not talked about in the home. A week after the mother's burial Sam left for college in a distant state.

At the university Sam adopted a disciplined, ascetic lifestyle. He devoted himself obsessively to the study of mathematics. He had infrequent contact with his family, and he did not tell anyone at school about his recent loss. He did not grieve and does not have any memory of his inner state at the time. He developed a tendency to passivity and depressive affect. Many years later, it was Sam's reaction to his father's death, combined with the deepening intimacy of his marriage, which led to a breakdown in Sam's defenses.

Strangely, as Sam recounted his life story in the early sessions, he gave no emotional weight to the tragedy he had suffered. He believed that his had been a comfortable, happy childhood and adolescence. He admitted the facts of his mother's illness and death, but he appeared to give these traumatic experiences little significance. They were just some unfortunate experiences. Sam had remained in a state of numbness and shock which had developed during the years of his mother's decline and which was never worked through after her death. However, over the first six months of treatment, as I interpreted his defenses against recognizing the importance of his history of loss, he became more and more depressed. He could not describe the feelings at first; usually his wife, Mary, noted his mood to him. His intel-

lectual monologues began to lose their drive. My countertransference changed from intellectual curiosity to a sense of deep sadness and longing. I became more convinced that behind Sam's obsessive compulsiveness was an aborted mourning for his parents. It was painful to watch his confused, unknowing experience of sadness. I began to interpret Sam's struggle along these lines.

"My sense is that you may be beginning to feel some sadness about your father's death."

"I don't know . . . maybe . . . it doesn't really make sense."

Sam began to discuss how he tried not to think about his father. In a way, he noted how he had also not thought about his mother's death. No one had thought about it. There had been no one to talk to. "I can't even remember what I felt about it, her cancer or . . . her dying."

Sam noted that after her death he was alone. There was much he felt he had to take care of. He described how, during the years of his mother's illness, he had been forced to care for himself, and afterward at college he continued to be self-reliant. He felt he had no choice. What else could he do? He did not remember feeling sad. There was nothing and no one to remind him. It was all just suddenly over. He was in school. There was little time to think about home. There was no one to grieve with even if he had wanted to, he would tell me.

"At college, I did what I needed to do. There was one odd thing. I was preoccupied with the mail. As if I was hoping to get something . . . something . . . I don't know what."

"A letter from your father . . . or perhaps your mother."

"That's impossible—she was dead, and he never wrote."

He noted how he had withdrawn into himself at school. "I was like a monk. I read and studied. I guess I lost myself in school work. My relationships during that time, they seem shadowy to me now. Like I didn't make contact with people."

Over the next few weeks Sam began to discuss the events of his father's death at length and in vivid detail. He was surprised

at how clearly he could recall the events. He said that he had never gone over them with anyone, not even Mary. He recalled that things had improved between him and his father.

"All those years at home and alone at school, I had little contact with him. I didn't even think of him being proud, or being there for me. In a way my success in school felt empty I guess . . . But recently I began to feel that he was interested in me. I guess I had missed that, but didn't know till I began to get it . . . but, my father is dead. I won't ever see him again. I can't believe it. . . ."

For the first time he admitted some feelings of sadness. "I know intellectually I should be sad. I know it . . . but, it's like it turns off right as I feel it."

The next few sessions focused on Sam's teenage years and the family's struggle to cope with the mother's terminal illness. Sam was able to see how there was no place to grieve. No one could talk about it. How could he grieve all by himself? He shared with me his growing recognition that his family had suffered a tragedy from which he had not recovered. He recalled feeling alone, emotionally numb, as his mother was sick and then died. Afterward, he *was* alone.

"You're not all by yourself now."

"I know. I have Mary and I feel like I know more because of therapy, but . . ."

Gradually Sam expressed feelings of sadness and grief in sessions. One day he described how he was overcome by tears at home the night before. "I couldn't stop crying. I just sat there and cried."

In fact, that night he had had a dream: "In the dream my parents were in a car. I was just standing there watching. The car started off. They were driving away, out west or something. I woke up crying. I was desperate to get here. I felt that if I didn't get to the session I might die."

I added, "The grief and fear were so strong."

"Yeah. I needed to be somewhere safe. I just curled up in bed until it was time to come here. I think Mary was a little freaked

out, but she sat with me and just let me cry. It felt like although she was a little scared, she helped me do it. It was okay. Like here—it's okay to be upset. We can talk about it."

Sam began to put his grief into words. During the next few sessions he spoke about his sadness and his longing for his parents. He cried at times and reminisced about sailing with his father and about the last few years when they had felt closer to each other. It was much harder to talk about his mother. That would take time, he admitted. "I need to feel stronger about myself I guess. For years, I was alone. It was like I didn't exist. I need to remember what it was like, what *I* was like."

The dream about his parents expressed not just loss through death, but Sam's exclusion from the oedipal triangle. I understood his intense sadness as in part a defense against aggression mobilized by the return to consciousness of adolescent oedipal fantasies. With this, the work of mourning became intermingled with other areas of conflict. I began to work interpretively in this area as sessions became focused on problems at his work, especially his relationship to the dean of his department. Sam's thesis had come under critical scrutiny by the dean, who found some of Sam's most cherished ideas to be questionable. It became clear that the dean had become the object of the projection of Sam's father transference. Sam's continual experience of rejection and lack of involvement from the dean echoed the problems Sam encountered in his relationship with his father during his teenage years. The expectation of the dean's criticism and rejection arose from the adolescent experience of double loss (the mother's death and the father's withdrawal) which had impaired Sam's mourning and skewed his development.

"He doesn't care about what I'm doing. He won't do things which he should do. I try to get him to respond. He has no time. Why bother?"

Fantasies specific to the lost object typically emerge from repression with the activation of mourning during analysis (Fleming and Altschul, 1963). The working through of the resulting conflicts characterizes the work of object decathexis and the

internal transformation of the relationship with the deceased. The re-creation of the lost relationship in one's social reality (which includes the treatment relationship) has been noted by many analysts. At this point, the role of the other is to assist with differentiation, decathexis, and resumption of emotional growth. Through my interpretations I was able to link Sam's experience with the dean with his unresolved issues with his father who Sam believed had abandoned him during the mother's illness and after her death. In addition, it appeared that Sam's frustration and longing disguised powerful competitive and aggressive urges toward the paternal dean. I interpreted how the iconoclastic nature of his thesis reflected his desire to challenge the authority and power of the dean, as he must have longed to as a teenager with his own father who had refused to engage with him or to recognize his age-appropriate assertiveness. When Sam canceled several sessions upon my return from summer vacation, I sensed that the paternal transference had entered the treatment.

"Why bother?" Sam asked. "It didn't seem to matter." He turned away and faced the wall. "It almost feels better facing the wall."

"Away from me."

"I guess so."

"The wall is just as unresponsive, but at least it's there."

"You mean your vacation?"

"I believe your father's unavailability and unresponsiveness left you feeling destitute and desperate for someone to become involved with you, to be a parent to you. At the same time you longed to challenge your father, to prove yourself, but he turned away. You felt defeated by his indifference, and then you must have felt guilty about your anger and competitiveness toward your grieving father. In the end no one was there. You must have felt that he wasn't there when you needed him."

"I sometimes have these dreams. I've never mentioned them. It's just blank, dark, nothing. I wake up terrified, speechless. I

haven't realized what they're about. Like everyone and everything is gone. It's the worst fear—like they are all dead . . .”

“On some level you must have lived with that fear for years . . . That your feelings were dangerous.”

“Yeah . . . but I didn't even know it. Until now. It's like now, here, I can put it into words. Of course, it's not true anymore. I'm not alone anymore.”

“But last week I was gone also.”

“And I was alone . . . maybe I had killed you off also.”

“So it is safest to turn to the wall. The wall can't be killed off.”

For Sam the resurgence of oedipal wishes, normal to adolescence, had occurred in the context of parental and familial tragedy. Normal urges toward competitiveness and self-assertion with the father suffered repression and became self-directed as depression and inhibition. The repression of drive, the derailment of key adolescent developmental processes, and the increasing attachment (rather than individuation) to his parents caused an arrest in the mourning process as well. His failure to integrate powerful ambivalent feelings led to longstanding problems with ambition and adult sexuality. The increasing isolation of Sam's family cut him off from alternative sources of libidinal and narcissistic resources and opportunities. The interpretation of Sam's drive to engage with oedipal objects, the articulation of affects related to his assertiveness and aggression, as well as grief, and the provision of an analytic environment responsive to his inner life facilitated the mourning process as well as the activation and resolution of his infantile neurosis.

Over the next several years Sam's feelings related to the loss of his parents re-emerged from time to time. More important, however, as the treatment began to focus on transference fantasies related to the dean and myself, we began the extended analysis and working through of oedipal issues (conflicts related to assertiveness and competitiveness) and narcissistic issues (the need for responsiveness, admiration, and idealization). From this viewpoint the completion of mourning will probably be co-

incident with the completion of the analysis of Sam's neurosis.

DISCUSSION

The causes of Sam's arrested mourning lay both in areas of developmental deficit and neurotic conflict, *and* in the absence of a supportive and facilitative social context. Because Sam was adolescent, his failure to mourn may have also had to do with his developmentally determined incapacity to mourn (Wolfenstein, 1966). In addition, Sam's experiences in life prior to his mother's illness affected his response to the loss and the eventual course of his bereavement (Altschul, 1988; Bowlby, 1980; Furman, 1974). However, I will focus on the role of others in mourning as it pertains to Sam's psychodynamics and treatment. This is not meant to deny the significance of other contributing factors.

Sam and his family spent five years coping with the mother's terminal illness. The family roles were shifted to compensate for the decline in the mother's functions, and the family assumed a number of defenses to ward off anxiety related to the progression of disease, familial deterioration, and the anticipation of death. Two of their primary defenses were the denial of the significance of the family tragedy and the isolation of affect from family communications. This resulted in the development of a family *ethos* forbidding the open expression of the frightening reality confronting them. Sam's family coped, but at the expense of not anticipating or preparing for the emotional consequences of the loss of the mother. Sam had internalized this family ethos. Hence, though he intellectually recognized the loss of his mother and was not unduly stressed by the initial shock of her death, his elaboration of the subjective meaning of his losses and his engagement in basic mourning tasks (which would have required both an internal willingness and ability, as well as the presence and active involvement of others) did not occur. Eventually, years after the death, Sam came to treatment when the

defenses against mourning, which he had developed and sustained in his years of isolation, began breaking down. Recognition of his tragic past initiated the mourning process.

I have emphasized the importance of self-security in mourning. To this end, the preeminent function of Sam's analysis was the provision of a "holding environment," sustained and managed by the analyst (an interested and empathically responsive other) which enabled Sam to mourn within a "context of care" (Slochower, 1993). Sam had left his family within days of his mother's death. He found himself confronted with a new and strange environment far from his familiar and relatively secure home. Those who might have shared his grief were not available. The demands of his new life precluded the experience of regression so necessary for mourning. The defenses of repression and isolation (already well established) became compounded in the absence of a responsive and supportive social milieu. Over time the improved availability of and intimacy with his father, his increasingly stable relationship with his wife, and a gradual lessening of defense set the stage for resumption of the derailed mourning process. The secure "hold" of the analysis created a sustained and responsive therapeutic environment which continually countered Sam's expectation of being left alone.

The treatment encouraged the emergence of Sam's needs in the object libidinal and narcissistic sectors. Sam's social, and increasingly psychological, isolation after his mother's death, due to circumstance and defense, led to an impoverishment of libidinal investment. This also impaired his capacity to engage in effective mourning, which is fueled by the tension between a reluctance to relinquish the lost object and an urge for new relationships and gratifying experiences. In treatment, the presence of an interested and caring other was experienced by Sam as a form of intimacy and nurturance which encouraged and sustained the emergence of unconscious wishes. This was manifest in the gradual development of the oedipal transference (conflicts related to aggression, assertiveness, ambition, and

competitiveness in both the professional and sexual spheres). Sam's emergence from depressive withdrawal was both precipitated and marked by the resumption of these oedipal strivings.

In the area of the self, Sam had suffered narcissistic injury through the absence of responsive relationships and milieu. This led to a dependence on increasingly internal, usually intellectual, sources of self-sustenance as well as a vulnerability to narcissistic injury. The expectation of a recurrence of earlier experiences of trauma fueled initial resistances; however, repeated transference interpretations connecting the present with Sam's traumatic past, and the sustained experience of the analyst's empathy, led to the development of the working alliance. The availability of a responsive milieu thus facilitated Sam's utilization of new, narcissistically enhancing experiences—a central task of the mourning process.

Sam's internalization of the family ethos against mourning, combined with the absence of responsive others and the demands of a new life far from home, resulted in defenses against regression, and most significantly, the repression of affect, specifically grief. Sam could not recall crying or the experience of sadness. The articulation and communication of affect became stifled. No one was there to respond, thus the experience of helplessness, longing, and pain which characterizes mourning had to be denied. Sam had to feel that his survival was secure before he could allow himself to grieve (Bowlby, 1980). This took time. Specifically, it was the improvement in his relation with his father, his marriage, and the responsiveness and "holding" of the treatment which provided the "context of care" which facilitated, modulated, and contained his affect. The episode of tearful panic precipitated by the dream was met with calm support from Sam's wife. He also knew that I would be responsive and interested in his grieving. He finally had the opportunity to put his mourning affects into words. After years of silence he spoke at length about the loss of his parents. Affect, memory, and intellect were gradually and safely merged so as to begin the process of acceptance, integration, and resolution.

With words came a means of structuring an otherwise meaningless and traumatic set of experiences. The “work” of mourning could commence.

Most important, Sam’s engagement in this “work” involved people: Sam’s wife, the dean, and the analyst. Mourning has frequently been compared to the analytic process. The inner attachment to representations of earlier relationships and imagoes and the stubborn relinquishment of these psychical ties and the fantasy dramas which make them so troublesome (while at the same time accessible to our interventions) are at the core of every treatment. Contemporary analysts have repeatedly asserted how the analyst as object of fantasy and “real” other plays a key part in the analysand’s eventual liberation from the tyranny of the past. In this sense the bereaved in normal instances makes use of others to perpetuate the past, to receive nurturance and satisfaction from the present, and to push forward securely and effectively into the future.

In Sam’s case he had insulated himself in a sterile and lonely present with only fragile ties to a painful past. The future, which typically involves the extension of libido and narcissism into a potential psychical reality, did not exist for Sam, and he found it hard at first to conceptualize it. The future, of course, is unthinkable without hope. Sam’s hope was nurtured by the availability of a “context of care” characterized by his increasing openness and the responsiveness of others. To this end, the charged dialogue of the therapeutic relationship became the smithy in which the hard, slow forging of Sam’s future was accomplished.

CONCLUSION

My stress on the importance of others in the mourning process is not meant to deny the role of other factors in pathological outcomes of bereavement. The literature noted throughout this paper is thorough in the exploration of the many factors which

have an impact on mourning. What I have tried to identify are the specific functions of these others in the facilitation or obstruction of mourning. Contemporary psychoanalysis, the most articulate psychology in its depiction of the vicissitudes of the dynamic relationship between the self and the object world, seems to me to possess the explanatory capability to describe the often silent and complex interrelationship between our struggle to come to terms with loss and the role others play in this highly intimate process.

REFERENCES

- ABRAHAM, K. (1925). A short study of the development of the libido, viewed in the light of mental disorders. In *Selected Papers of Karl Abraham*. New York: Basic Books, 1953, pp. 418-501.
- ALTSCHUL, S., Editor (1988). *Childhood Bereavement and Its Aftermath*. Madison, CT: Int. Univ. Press.
- BAKER, J. E., et al. (1992). Psychological tasks for bereaved children. *J. Orthopsychiat.*, 62:105-116.
- BERGER, A., et al., Editors (1989). *Perspectives on Death and Dying: Cross-Cultural and Multidisciplinary Views*. Philadelphia: Charles Press.
- BOWLBY, J. (1980). *Attachment and Loss, Vol. 3: Loss, Sadness and Depression*. New York: Basic Books.
- DEUTSCH, H. (1937). Absence of grief. *Psychoanal. Q.*, 6:12-22.
- DOWLING, S., Editor (1990). *Child and Adolescent Analysis: Its Significance for Clinical Work with Adults*. (Workshop Series of the American Psychoanalytic Association, Monogr. 6.) Madison, CT: Int. Univ. Press.
- & ROTHSTEIN, A., Editors (1989). *The Significance of Infant Observational Research for Clinical Work with Children, Adolescents, and Adults*. (Workshop Series of the American Psychoanalytic Association, Monogr. 5.) Madison, CT: Int. Univ. Press.
- EMDE, R. N. (1989). Toward a psychoanalytic theory of affect. I. The organizational model and its propositions. In *The Course of Life: Infancy*, ed. S. I. Greenspan & G. H. Pollock. Madison, CT: Int. Univ. Press, pp. 165-192.
- & BUCHSBAUM, H. (1989). Toward a psychoanalytic theory of affect. II. Emotional development and signaling in infancy. In *The Course of Life: Infancy*, ed. S. I. Greenspan & G. H. Pollock. Madison, CT: Int. Univ. Press, pp. 193-228.
- FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton.
- FLEMING, J. (1963). The evolution of a research project in psychoanalysis. In *Counterpoint: Libidinal Object and Subject. A Tribute to René Spitz on His 75th Birthday*, ed. H. S. Gaskill. New York: Int. Univ. Press, pp. 75-105.
- (1972). Early object deprivation and transference phenomena: the working alliance. *Psychoanal. Q.*, 41:23-49.

- & ALTSCHUL, S. (1963). Activation of mourning and growth by psychoanalysis. In *Childhood Bereavement and Its Aftermath*, ed. S. Altschul. Madison, CT: Int. Univ. Press, 1988.
- FREUD, S. (1917). Mourning and melancholia. *S.E.*, 14.
- FURMAN, E. (1974). *A Child's Parent Dies. Studies in Childhood Bereavement*. New Haven/London: Yale Univ. Press.
- (1986). On trauma. When is the death of a parent traumatic? *Psychoanal. Study Child*, 41:191-208.
- FURMAN, R. (1968). Additional remarks on mourning and the young child. *Bull. Philadelphia Assn. Psychoanal.*, 18:51-64.
- GALATZER-LEVY, R. M. & COHLER, B. J. (1993). *The Essential Other. A Developmental Psychology of the Self*. New York: Basic Books.
- HAGMAN, G. (1995a). Death of a selfobject: toward a self psychology of the mourning process. In *The Impact of New Ideas. Progress in Self Psychology*, Vol. 11, ed. A. Goldberg. Hillsdale, NJ: Analytic Press, pp. 189-205.
- (1995b). Mourning: a review and reconsideration. *Int. J. Psychoanal.*, 76:909-925.
- HOROWITZ, M. J. (1990). A model of mourning: change in schemas of self and other. *J. Amer. Psychoanal. Assn.*, 38:297-324.
- JACOBS, S. (1993). *Pathologic Grief: Maladaptation to Loss*. Washington, DC: Am. Psych. Press.
- JACOBSON, E. (1965). The return of the lost parent. In *Drives, Affects, Behavior*, Vol. 2: *Essays in Memory of Marie Bonaparte*, ed. M. Schur. New York: Int. Univ. Press, pp. 193-211.
- KALISH, R. (1980). *Death and Dying: Views from Different Cultures*. New York: Baywood.
- KLEIN, M. (1940). Mourning and its relation to manic-depressive states. *Int. J. Psychoanal.*, 21:125-153.
- KLIMAN, G., et al. (1969). Facilitation of Mourning During Childhood. Presented at the meeting of the American Orthopsychiatric Association.
- KOHUT, H. (1977). *The Restoration of the Self*. New York: Int. Univ. Press.
- KRYSTAL, H. (1978). Trauma and affects. *Psychoanal. Study Child*, 33:81-116.
- (1988). *Integration and Self Healing: Affect—Trauma—Alexithymia*. Hillsdale, NJ: Analytic Press.
- LAUFER, M. (1966). Object loss and mourning during adolescence. *Psychoanal. Study Child*, 21:269-293.
- LICHTENBERG, J. (1989). *Psychoanalysis and Motivation*. Hillsdale, NJ: Analytic Press.
- LINDEMANN, E. (1944). Symptomatology and management of acute grief. *Amer. J. Psychiat.*, 101:141-149.
- MOLLER, H. (1967). Death: handling the subject and affected students in the schools. In *Explaining Death to Children*, ed. E. A. Grollman. Boston: Beacon, pp. 145-167.
- MOORE, B. E. & FINE, B. D. (1990). *Psychoanalytic Terms and Concepts*. New Haven: Yale Univ. Press.
- NAGERA, H. (1970). Children's reactions to the death of important objects: a developmental approach. *Psychoanal. Study Child*, 25:360-400.
- OTTENSTEIN, D., et al. (1962). Some observations on major loss in families. *Amer. J. Orthopsychiat.*, 32:299-300.

- PARKES, C. M. (1972). *Bereavement: Studies of Grief in Adult Life*. New York: Int. Univ. Press.
- & WEISS, R. S. (1983). *Recovery from Bereavement*. New York: Basic Books.
- PAUL, N. (1969). Psychiatry: its role in the resolution of grief. In *Death and Bereavement*, ed. A. H. Kutscher. Springfield, IL: Thomas, pp. 174-195.
- PENISTON, D. H. (1962). The importance of death education in family life. *Family Life Coordinator*, 11:15-18.
- SANDLER, J. (1960). The background of safety. *Int. J. Psychoanal.*, 41:352-356.
- SHANE, M. & SHANE, E. (1990). Object loss and selfobject loss: a consideration of self psychology's contribution to understanding mourning and the failure to mourn. *Annual Psychoanal.*, 18:115-131.
- SLOCHOWER, J. (1993). Mourning and the holding function of *shiva*. *Contemp. Psychoanal.*, 29:352-367.
- SOLNIT, A. J. (1970). A study of object loss in infancy. *Psychoanal. Study Child*, 25: 257-272.
- STEINER, J. (1970). Group function within the mourning process. *Archives Foundation Thanatology*, 2:80-82.
- STERN, D. (1985). *The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.
- STOLOROW, R. D., BRANDCHAFT, B. & ATWOOD, G. E. (1987). *Psychoanalytic Treatment. An Intersubjective Approach*. Hillsdale, NJ: Analytic Press.
- WINNICOTT, D. W. (1965). *The Maturation Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: Int. Univ. Press.
- WOLFENSTEIN, M. (1966). How is mourning possible? *Psychoanal. Study Child*, 21:93-123.

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ANALYST AND PATIENT AT MIDLIFE

BY JON P. ELLMAN, M.D.

Increasingly it seems that analysts and their patients are in the midlife period. If analyst and patient are both going through a midlife crisis involving similar issues, this may have repercussions in the analysis. Turning to the literature for guidance reveals a paucity of papers concerning the clinical application of midlife developmental theory. This article explores such an application by describing the effect of two midlife changes—time urgency and role reversal with respect to aging parents—on the transference-countertransference in the analyses of two middle-aged patients.

The purpose of this paper is to illustrate an application of midlife theory to clinical practice by showing how transference-countertransference issues may be affected when both patient and analyst are going through midlife crises. Many training analyses are over by the time the analyst enters midlife or becomes caught up in midlife issues. At the same time, middle-aged individuals are increasingly being accepted for analysis. The analyst's own partially resolved or unresolved conflicts may be stirred up in the course of analyzing patients who are grappling with the same phase of life tasks. As Freud (1937) taught, one cannot have had one's future conflicts analyzed prophylactically.

While there is a considerable psychoanalytic literature about midlife as a developmental phase, there has not been a corresponding interest in how insights about the dynamic forces at work in the midlife period can be used clinically. Thus, Roy Lowenstein was prompted to comment, "I have wondered if there is some sort of conceptual dissolution that takes place when we attempt to translate adult developmental theory into

clinical practice" (quoted in Nemiroff and Colarusso 1990a, p. 103). Freud's classic cases used in teaching involved patients who were younger than he was and so do not address this issue.

The vignettes in this article highlight two themes of midlife: the onset of a sense of time urgency and role reversal with respect to aging parents. Specifically, two patients were reworking old conflicts in the transference, which were triggered by a task of midlife—a felt need to make final choices in the face of the perception of the finiteness of personal time. For one patient this need was accompanied by a newly perceived absence of the possibility of parental guidance due to a change in the midlife mental representation of the parents. In understanding the analyst's countertransference, consideration is given in this paper to his identification with the midlife aspects of the patients' conflicts. Realizing how this shared preoccupation was affecting the countertransference allowed the analyst to give more accurate interpretations of the patients' conflicts in the transference than was possible previously. Countertransference is used here to refer to the analyst's own transference to the patient's transference.

Regarding the phase-specific aspect of parental guidance, Oldham (1989) reasons that although the late adolescent's need for parental guidance and support is much less than the child's, the mental image of the parents still includes their potential availability for support and guidance whether or not they are consulted. The updated mental representation of parents for midlife adults, however, is of parents who are increasingly or entirely unable to offer guidance and protection.

It is commonly acknowledged that development continues throughout life. The midlife literature posits subphases of development in which adults must cope with new tasks in a manner analogous to that of children and adolescents (Auchincloss and Michels, 1989). In spite of wide individual variation in the exact time of onset, it is at midlife that one first deals with loss of youth, tries to match the percept of an aging self with the mental image of a younger self, begins to perceive the passage

of time differently, and personalizes death with an accompanying realization of a finite amount of time left to live. This constellation does not usually occur in younger people. It adds a generational or phase-related component to experience and fantasy and can therefore form a basis for identification between two people going through the same phase. Relevant to this paper is the increasing degree of irreversibility associated with career decisions as one gets older.

Considering that most psychoanalysts and their adult patients are middle-aged, the paucity of discussion of this issue is of note. Freud did not address the issue directly. Erikson (1954) interpreted the Irma dream as reflecting Freud's midlife struggles to emancipate himself intellectually from father figures who represented the prevailing belief in the organic etiology of neurosis. However, we do not know how this struggle may have influenced Freud's countertransference. In spite of his self-analysis in his forties, Freud (1905) believed that middle-aged patients beyond fifty were not good candidates for analysis, and as noted above, his most detailed and famous analytic cases involved patients who belonged to a generation younger than Freud's.

Although a literature exists about the influence of intergenerational factors on countertransference, especially that of seeing older patients as parental figures (King, 1980), isogenerational influences, in which analyst and patient are reworking similar conflicts over midlife developmental tasks, are not the focus of any article or book I was able to survey. For example, in four relatively recent analytic monographs on the subject of midlife and adult development (Colarusso and Nemiroff, 1981; Nemiroff and Colarusso, 1985, 1990b; Oldham and Liebert, 1989), clinical examples of countertransference brought about because both participants were going through a midlife crisis were not elaborated. According to Colarusso and Nemiroff (1981), there is a developmental resonance stemming from "an explicit awareness on the part of the therapist that he has experienced or likely will experience what his patient is feeling and living" (p. 223). This suggests a capacity which may underlie the

phenomenon under discussion. The authors did not, however, explore the concept further or give clinical examples with respect to its effect on countertransference.

Hassler (1985) comes close to the idea propounded here when, as part of the conclusion to a clinical vignette, he expresses regret at not having recognized the significance of his patient's fortieth birthday until after the termination of the analysis. While he does not conclude that this was the result of countertransference, it is implied. Shane (1980) movingly reveals three developmental arrests in himself: pseudomaturity, unrealistic ego ideal, and longings for a lost protector, which he was able to overcome in the course of recognizing his countertransference to three patients who had the same developmental arrests from childhood. He does not take up the issue of arrests in both analyst and patient with respect to adult developmental tasks.

In a recent article Halpert (1991) highlights the effect on middle-aged patients of having to place aged parents in nursing homes. Halpert states that when he presented his paper to a meeting of the American Psychoanalytic Association, "Several colleagues said that they had thought of coming to hear this paper, but that they could not bear to do so. The topic was too painful" (pp. 447-448). He explains that for analysts, too, "the same situation of the adult child with the failing parent might be stimulated" (p. 448).

In what follows two vignettes are presented in which the countertransference was triggered in part by contemporaneous midlife developmental similarities in patient and analyst. Awareness of these similarities helped bring theory to life in a clinically useful way.

CASE I

Dr. R was a physician in his early forties, unmarried but in a stable relationship with a woman for several years. He heard me

give a talk on midlife and was taken aback by the concept of a middle-aged person measuring time as time left to live rather than time from birth (Neugarten, 1979). He experienced the painful realization that time was passing him by. Specifically, since finishing his internship, he had been unable to feel any enthusiasm for or commitment to his work. He lived for his frequent vacations, and his earnings were well below average for a man in his position. Since medical school he had envisaged a career in a surgical specialty but took only halting steps in this direction. Each time he made attempts to obtain specialized training or better himself professionally in any way the following sequence took place: after an initial phase of excitement and motivation, he would lose interest and drop the project. Consumed by lethargy, he would then engage in beach- or ski-vacation daydreams. His painful comparing of his own "stagnation" with the success of contemporaries contributed to his consulting me.

He said that when he engages in sports with friends, he does so with the energy and intensity of a young man, frequently injuring himself in the process. During the activity he becomes lost in the fantasy that he is in late adolescence—a time when he excelled athletically. He added that since his injuries are more serious and heal more slowly now than in his "younger days," he reacts with anger at his body's betrayal of him.

Dr. R's family of origin consisted of himself, his parents, and an older brother. He described his mother, as "very, very good or horrid to me." The main characteristic of her mothering was the unpredictable alternation of effusive praise, interest, and support with angry disparaging rejection. He explained that this left him feeling that what he said or did was immaterial because mother's relationship to him was solely dependent on *her* moods. Dr. R's father had been diagnosed several years earlier as having a malignancy which was now becoming increasingly unresponsive to chemotherapy. A businessman, his father spent months at a time away from home during the patient's childhood. He was an industrial supplier. The patient had only a

vague conception of what his father actually sold. That even now he was not sure what his father did for a living was, he thought, typical of their relationship.

His father was a man who never revealed his many secrets. He would not share or teach his sons what he knew. Nevertheless, the patient would defend his father against mother's constant criticism of him during his long absences—especially criticism of the fact that the father would appear and then leave home without letting the family know his schedule in advance. Part of the reason for the patient's defending him was that when his father did come home, he was full of enthusiasm and interest in the patient. Eventually, though, Dr. R learned that this keen show of interest was short-lived. He came to feel that for his father he was "out of sight, out of mind." When father would leave again, the patient recalled riding away from home on his bicycle with the consoling thought that "I didn't need anybody either." Now, dying of his illness, father has still not revealed anything about inheritance matters, including where his money is kept. Elusive as ever, he phones Dr. R for a second opinion about his own treatments, thanks him warmly, and gives every indication that he wants to talk again soon but then is unavailable for months even by phone.

When they were growing up, the patient's brother openly defied the parents, got into trouble at school, and claimed most of the parent's attention, while Dr. R felt proud but lonely as the "good son" and the "smart son" who didn't need any help and "could handle everything on my own." The patient so overshadowed his brother scholastically and athletically that he was unaware at first of any sibling rivalry. Later he revealed a recurrent dream in which he was accidentally about to hurt or kill his brother or be hurt or killed by his brother. Whoever of the two the patient perceived as more successful in his career at a given time became the one at risk in his dreams.

Two years into the analysis the following interaction occurred. The patient arrived on a Tuesday for his first session of the week. Characteristically, he was in a sour mood on Tuesdays—in

fact, after any break. I thought to myself “here we go—another Tuesday.” He complained that he had gone to bed too late, was late for work, forgot to bring some instruments to the office, lost an important document, and felt that he looked like a fool in front of the secretaries. He continued to the effect that he was still not specializing. I thought, silently, how all this was in sharp contrast to the preceding session, a “Friday session” in which he had reported having taken concrete steps toward working in his field of interest and had attributed this and a greater sense of well-being to the analysis. I became increasingly uncomfortable as he droned on. I felt each self-criticism as a reproach against me for his mishaps and lack of progress.

My countertransference reaction occurred in two parts. At first I felt angry at being unjustly attacked. I thought to myself “after all I am doing, this is the thanks I get.” His inappropriate attack and my countertransference alerted me to the fact that a negative transference was at work. I interpreted as follows: “The thought occurred to me after our last session that weekends or any interruption in the sessions make you feel on some level that I am reproducing what your father did with you—making you furious by supposedly showing a lot of interest and then dropping you.” He responded, “Yeah, you sit there comfortably, session after session, toss off a few interpretations, don’t give me any guidance, collect your fee, and time keeps passing by.” This response not only confirmed his anger at me but revealed that he could not see the feelings as transferential. This was unusual as this patient was able to see transference distortions readily on other occasions.

My introspection took the following path: I realized that I had prefaced the interpretation with an allusion to thinking about him in between sessions, actually over the weekend. I had accepted the bad father role, felt guilty, and attempted to make amends by reassuring him that I was concerned about him, even when we were not together. A full-fledged enactment (Jacobs, 1986) was taking place, but what were the roots of my role responsiveness (Sandler, 1976)? I then remembered a turning

point in my own career. After having been graduated from the psychoanalytic institute, I had continued to head an emergency psychiatry unit in a teaching hospital and to do analysis less than half time. I delayed a full commitment to an analytic career (which had been my conscious goal even prior to medical school) for a number of years until I was able to overcome a paternal introject: a lingering identification with an attitude of my surgeon father, who took a dim view of psychoanalysis. He had not expressed this view in so many words but rather in his silence on the subject and apparent lack of interest in the field. Such an attitude on his part also had referents from my childhood. I clung to the emergency post in order to feel like a more acceptable "real doctor." Although this issue was overdetermined, its partial working through on my own had relatively recently freed me to devote myself nearly full time to my chosen field of psychoanalysis. At the time, my training analysis had been over for a number of years. In the interaction with my patient I was "acting in" my agreement with him about the harmful effect of fathers' lack of interest by accepting the bad father role and then trying to make amends.

My thoughts shifted to his frustrated tone of voice in saying "session after session" and "time keeps passing by." I had the fantasy that we were both middle-aged doctors who, having pursued our goals successfully through college, medical school, internship, and early medical career, had been confronted by an inner impetus to fine-tune our careers in the face of a "now or never" kind of feeling. Both our fathers were seriously ill and for the first time in both our lives we were without even the potential availability of paternal guidance—a midlife phenomenon alluded to previously. This signaled a second component of my countertransference in which I was the patient himself. I was in countertransference identification with him not only regarding an attitude toward the father of his childhood, but also with respect to the developmental task we had in common. In addition, it occurred to me that since he was aware of my career move from my talk, perhaps from his point of view I had suc-

cessfully negotiated my midlife crisis while as yet he had not. From his standpoint I was in the enviable position of doing the work I loved and getting paid for it.

I therefore tried to address the issues resulting from my introspection in my next intervention: "Your reason for coming to see me was a feeling that as a man entering midlife, you felt time was passing you by. You weren't on your inner timetable, especially in your career. I believe that your anger with me on Tuesdays has two sources. The first has to do with envy of me and the second is a carry-over from your relationship with your father. I may appear to you as someone who, at a similar time of life and in the same profession as yours, has been able to make certain changes in his work that you are aware of, so as to be doing what he really wants before it's too late. Some of your anger at me is envy. The second source has to do with your father. . . ."

He stopped me at this point to recall that one Christmas when he was a child, his father had given him and his brother the gift of one alarm clock. "Can you imagine having to share an alarm clock," he fumed. "My brother was older so he got to set it for when he had to get up and I ended up getting up late. He got the attention, he got to set the alarm clock . . . I guess that's why I'm always beating him up in my dreams." It was obvious to both of us how furious he had become in the telling. He started to reflect that although he liked to think of himself (and be thought of) as a "nice guy, always even-tempered," he did not sound like it now. In fact, he confided that while I had been talking, two recurrent fantasies—ones he would rather not tell me about—had surfaced again in his mind. In the first he is a powerful Nazi general standing on top of the Canadian Parliament buildings directing vast military operations. Thousands of people's lives hang in the balance. The other fantasy usually comes to him while driving. If another driver cuts ahead of him, he imagines bumping the offending car off the road. The existence of such a degree of rage in him came as a revelation and required some working through in subsequent sessions.

Nevertheless, the Tuesday reaction persisted. I therefore re-

turned to the previously rejected interpretation concerning his father (the giver of the alarm clock) which I had been about to repeat as the second source of anger at me on Tuesdays: "You are repeating something that went on with your father. During the week you see me as interested in you and a helpful presence, but on weekends and until the next session, you read into the break that I have lost interest in you—I've dropped you just as you felt your father did during his absences. I believe your feelings about this are all the more intense now because you are realizing that your wish for guidance from your father may never be met. The roles in reality are now reversed and he is asking you for guidance about his condition." This time he did not reject the interpretation. He responded that a three-day break with a predictable appointment after is not the same as months-long business trips with an unknown date of return. The next day he reported the following dream:

A petty bureaucrat, an elderly woman, prevents me from entering a tennis tournament on some technicality. In the next scene of the dream my father telephones me from his hotel room a continent away but speaks only briefly. He seems pre-occupied.

In brief, the dream and associations pointed to his father's unavailability for purposes of rescuing him from an engulfing mother who prohibited his growth in order to keep him near her in an oedipally threatening closeness, with father away. The Tuesday reaction then ceased.

I had attempted unsuccessfully to interpret anger at me following weekend breaks as a paternal transference. This interpretation proved to be premature, and he was unable to use it at first. After introspection, including thoughts about our similarity with respect to careers at midlife, I became able to point out his envy of my having resolved my midlife career crisis while he had not, as another source of his anger. This enabled him to associate to the childhood origin of his envy in his relationship with his brother which in turn led us back to his rage at his

father, now acknowledged and partially worked through. Only then could he use the paternal transference interpretation to help him.

There followed a number of positive memories about father. His father had once taken him, at age five, to his office, "where I played with the computer all day." As he related this memory, he uncharacteristically cried. He then remembered a long forgotten piece of information that enabled us tentatively to make some sense of his father's bizarre behavior. The patient's paternal grandfather had died when his father was ten, and the grandmother had encouraged a stoic attitude in the ten-year-old. "That's life, get on with it," etc. My patient's father was reported to have been brave, not to have cried, and to have followed the mourning ritual for only a week instead of the prescribed one year. "We will never know for sure," I speculated, "but your father's habit of keeping his whereabouts and travel schedule a secret, which ensured that his return would always be a surprise, may have been an endless game of peek-aboo that served to deny the pain and reality of his own father's death. In other words, fathers may disappear but will surprise you by coming back. They don't really die." The patient reported that he cried the entire night following this speculation. He said that he had hated to come for analysis because it went against the one quality that he had admired in his father, the latter's ability to make light of everything. "Mothers cry and go for analysis."

He recaptured a further memory of an old career goal of his which was related to an interest of his father's and as well, in a symbolic way, to his own current goal. He was now able to accept this identification with his father in a positive way.

His fantasy of eternal adolescence that accompanied participation in sports could then be seen and interpreted not only as a refusal to relinquish a past gratification from youth as he got older, but as an expression of unfinished business with father. It was as if he were saying he could not and would not acknowledge being a middle-aged man until first getting what he had

lacked from father: guidance, presence, sustained interest, strength to leave mother's orbit, and permission to become a man too. Working through these insights enabled him to engage in the tasks of midlife without recoiling from them. He transferred to his worklife some of the passion that had previously been evident in his too vigorous participation in sports and nearly continuous vacations. The fantasy itself occurred only rarely now and was greeted by him with humor and insight. He took fewer vacations and these had lost their defensive function of retreat from the challenges of his present stage of life.

In summary, my countertransference fantasy in response to my patient's transference anger at me had included an aspect of my midlife career crisis which coincided with the patient's. I had identified with him (1) regarding his father, and (2) regarding his midlife career conflict. Concerning the latter, I might have been able to analyze his anger and envy in Tuesday sessions and their genetic roots without reference to any midlife issue we may have had in common. However, it is precisely the fact that my introspection did take this particular route, and that my genetic interpretation only became effective after I had interpreted his envy of me on this account, that suggested the usefulness of my awareness of this similarity. In addition, I may have otherwise missed the effect of his father's past inaccessibility for guidance and help in exacerbating the difficulty the patient was having adjusting to the relative role reversal between parents and their middle-aged children.

CASE II

The second example is a brief vignette from the analysis of another physician, Dr. B. It illustrates how the same midlife theme as set forth in the first case evoked a countertransference reaction which initially misled the analyst until it became conscious. Recognizing it led to a different and more accurate line of interpretation than the one that was being pursued.

Dr. B was a serious, highly respected physician in a position with little patient contact. He was referred by an analytic colleague for “depression” that had closed in on him over a period of months following his fiftieth birthday. Although until now life had gone well—his wife and children and career had not been felt to be problems—his work had recently become more and more unbearable. It became a torture for him to perform his daily medical tasks. He yearned for “direct patient contact like cardiologists or pediatricians have.” He yearned to see “the look of admiration and thanks in the eyes of a grateful patient.” His brooding was relentless during the sessions, at home, and at work. “How could I have chosen such a boring field?” He felt trapped because he could not see his way financially to change specialties or do family practice.

The patient was the eldest of four siblings. His father was “a kindly man but worked long hours at his business. He was very cautious, always advocating the path of least risk.” Mother was described as “a loving well-meaning worrier.” Parental conversations overheard by the patient as a child were full of references to financial worries. The central issue from childhood to emerge during the analysis was mother’s worry about father’s dying young and the implied message that the patient, as the eldest son, would replace him and take care of the family. His father, who was in his forties at the time the patient was born, had been diagnosed as having a chronic medical condition but in fact lived to a ripe old age. In the patient’s mind, however, from earliest childhood was the fantasy that he would have to be daddy when daddy died—an event that was ever imminent. Even play as a child was tinged with the seriousness of the inevitable task ahead.

At the same time he recalled a wish from childhood to be a doctor in order to cure father. His father was always very encouraging of this early career ambition. Therefore, as a young child, the patient, in his mind, had already had to take two mature roles upon himself: to replace father and to cure father.

The patient incorporated, as a component of his ego ideal, his pediatrician—the first doctor figure who could help people like his sick father—and later cardiologists, who were among the doctors involved in his father's care. As a young adult, he remained doggedly determined to become a doctor. He overcame a number of obstacles outside his control to finally finish medical training in his late twenties. His father was still alive at the time. The patient had married during medical school. He applied for a residency in a desired specialty but was told he could not enter that residency program immediately. This, combined with the idea that he was already older than most of his fellow graduates and that it might take some time to establish himself in the community in this field, led him to opt for training that was immediately available and would virtually guarantee financial security upon completion. For this choice, namely, security over inclination, he could *now* not forgive himself. In the transference he felt that, like him, I was worried and hopeless about his case and unforgiving of his choice. This showed projection of the superego. There was also some sibling envy, as I was in a field with maximum patient contact.

During the few sessions he had had with his previous therapist he had been encouraged to work in a family practice clinic “to get the feel of it.” He had done this without relief for his symptoms or any increased capacity to make a firm career decision. I noticed that my own interventions were also based on trying to “free him” from his inhibitions to pursue the career of his choice. For example, I realized that I had been trying to free him from his financial worries about changing careers by interpreting them as a re-enactment of his earlier worries based on the even earlier identification with his worried parents.

When he balked at the idea that arose in his mind of having to “live like a resident again, when I have kids in college and my practice is our only income,” my thoughts went to a memory of my own. I recalled that seventeen years after having completed medical school, I had stopped working for a three-month period in order to study for an additional medical licensing examina-

tion. Even this short period of not practicing occasioned certain sacrifices. It occurred to me that were I in his shoes, I too would be guided in part by the kind of reality-based financial and other considerations that his circumstances dictated. Why, then, I asked myself, was I abandoning my neutrality and in effect taking sides in his manifest conflict, especially when such an approach had been tried by the colleague who referred him and failed and I could see the merits of both sides of his conflict from my own experience?

My train of thought went to our similarity with respect to the midlife experience of not being able to postpone previously deferred life decisions. We had both wanted to be in particular areas of medicine at the start of our careers but had postponed our final moves in that direction until it became a matter of "now or never." Thus, we shared a compelling feeling of time urgency. I realized that my identification with this aspect of his midlife dilemma had led to my readiness to enact his transference image of me as disapproving of his continuing in his present specialty. I too felt in a hurry for him to change areas. In addition, my enactment with him of this disapproval of his original specialty and his continuing in it probably also stemmed from the identification with my own father's attitude toward my specialty as described in the first case. It was reinforced by the fact that I had sufficiently divested myself of the inhibiting paternal introject to change from one area of my specialty to another under the sway of a feeling of time urgency. Why should I not try to enable this man to do the same with his unhelpful maternal introject?

With this insight in mind, I was able to reflect on some of the differences in the genetic and dynamic underpinnings of our seemingly similar midlife crises. I was able to see and interpret that his conflict had been based on two superego values, one from father, the other from mother: (1) to save father by becoming a doctor; (2) to replace father as head and supporter of the family after father's death. These two contradictory aims were able to coexist in his mind until he felt compelled by a

sense of limited time to choose between two medical specialties which symbolically represented them. Opting for financial security was tantamount to abandoning the goal of saving father and meant replacing him instead. While fulfilling mother's need for a substitute, this choice revived oedipal guilt that was only allayed by resolving unconsciously to change specialties at a future date. This date was postponed until his midlife confrontation upon turning fifty, with the knowledge of the finiteness of personal time and therefore the impossibility of further postponements.

I was then able to interpret his present midlife career conflict in terms of the two tasks from childhood that it symbolized. We explored together the enormity of such tasks for a child, the unrealistic and inappropriate expectations they implied, the impossibility of choosing between them, the inevitable failure to achieve them, and the oedipal guilt provoked by the idea of pleasing mother by replacing father. He came to feel that these two goals, which had dominated his life, had had more to do with his parents' needs than with his own.

The work that followed resulted in his decision to remain in his present career. This led to mourning the lost career he would now never practice. Anger and depression ensued over having been deprived of a more carefree childhood, adolescence, and, in fact, personality in general. He was finally able to forgive himself for a career choice whose conflictual roots were now understood. He revealed that he no longer actually minded his present career that much. He even started to describe positive aspects of it. His revulsion toward his work and his depression lifted. He found a satisfying compromise in increased teaching of younger colleagues—an area in which he came to enjoy a considerable reputation.

In this case I gradually became conscious of the fact that I had been identifying with my analysand's midlife conflict about career change in the face of a sense of heightened mortality. This identification had led me to feel a need, in line with the patient's need, to help him make a career move in a particular direction.

Awareness of the identification freed me to reflect on the fact that the genetic origins of the patient's midlife crisis were actually quite different from my own. I had not been given his two conflicting childhood goals, nor had financial worries been a feature of my childhood family life. I was then able to return to analyzing his conflict in its genetic, contemporary, and transferential dimensions.

In the preceding vignettes both patients were middle-aged male physicians, of the same generation as the analyst and facing career choices typical of midlife, i.e., they were triggered by feelings of time urgency, felt to be a last chance, and felt to be made in the absence of even the potential for parental guidance. These life similarities evoked countertransference reactions which, when recognized, helped the analyst convert enactments into enhanced understanding and a richer exploration of the conflicts of both patients.

Isogenerational elements in one's countertransference need not be confined to midlife. Younger adult analysts and young adult patients as well as late life patient/analyst pairs could theoretically encounter this phenomenon.

Awareness of the role of phase of life similarities in evoking countertransference, as occurred in my own case, could be anticipated to further one's understanding of one's own mental conflicts with their contemporary and childhood referents, as is consistent with the literature on the use of countertransference in general (Tyson, 1986). It is one road to self-analysis in this phase of life or may signal the need for further personal analysis.

In this paper I have tried to address a relative gap in the literature: the clinical use of midlife theory. I have suggested one clinical application of a knowledge of midlife tasks: to enhance the understanding of one's countertransference. I have not addressed the issue of how central or important the midlife themes dealt with were to my patients' mental lives relative to other issues, nor have I endeavored to trace in depth the ways in

which these themes were woven into pre-existing fantasy. The point of this communication is simply that midlife themes do occur in the mental lives of middle-aged patients. They also exist in middle-aged analysts. Therefore, they form a basis for identification between analyst and patient. As detailed in the vignettes, this identification can become caught up in countertransference and can help or—especially if it remains unconscious—hinder one's understanding of the transference, one's interpretive stance, and the progress of the analysis.

REFERENCES

- AUCHINCLOSS, E. L. & MICHELS, R. (1989). The impact of middle age on ambition and ideals. In *The Middle Years. New Psychoanalytic Perspectives*, ed. J. M. Oldham & R. S. Liebert. New Haven/London: Yale Univ. Press, pp. 40-57.
- COLARUSSO, C. A. & NEMIROFF, R. A. (1981). *Adult Development. A New Dimension in Psychodynamic Theory and Practice*. New York/London: Plenum.
- ERIKSON, E. H. (1954). The dream specimen of psychoanalysis. *J. Amer. Psychoanal. Assn.*, 2:5-56.
- FREUD, S. (1905). On psychotherapy, *S.E.*, 7.
- (1937). Analysis terminable and interminable. *S.E.*, 23.
- HALPERT, E. (1991). Aspects of a dilemma of middle age: whether or not to place aged, failing parents in a nursing home. *Psychoanal. Q.*, 60:426-449.
- HASSLER, J. M. (1985). Turning forty in analysis. In *The Race Against Time. Psychotherapy and Psychoanalysis in the Second Half of Life*, ed. R. A. Nemiroff & C. A. Colarusso. New York: Plenum, pp. 97-120.
- JACOBS, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.
- KING, P. (1980). The lifecycle as indicated by the transference in the psychoanalysis of the middle-aged and elderly. *Int. J. Psychoanal.*, 61:153-160.
- NEMIROFF, R. A. & COLARUSSO, C. A. (1985). *The Race Against Time. Psychotherapy and Psychoanalysis in the Second Half of Life*. New York/London: Plenum.
- (1990a). Frontiers of adult development in theory and practice. In *New Dimensions in Adult Development*. New York: Basic Books, pp. 97-124.
- , Editors (1990b). *New Dimensions in Adult Development*. New York: Basic Books.
- NEUGARTEN, B. L. (1979). Time, age and the life cycle. *Amer. J. Psychiat.*, 136:887-894.
- OLDHAM, J. M. (1989). The third individuation: middle-aged children and their parents. In *The Middle Years: New Psychoanalytic Perspectives*, ed. J. M. Oldham & R. S. Liebert. New Haven/London: Yale Univ. Press, pp. 89-104.
- & LIEBERT, R. S., Editors (1989). *The Middle Years: New Psychoanalytic Perspectives*. New Haven/London: Yale Univ. Press.

-
- SANDLER, J. (1976). Countertransference and role-responsiveness. *Int. Rev. Psychoanal.*, 3:43-48.
- SHANE, M. (1980). Countertransference and the developmental orientation and approach. *Psychoanal. Contemp. Thought*, 3:195-212.
- TYSON, R. L. (1986). Countertransference evolution in theory and practice. *J. Amer. Psychoanal. Assn.*, 34:251-274.

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A Note on Empathy and the Analyst's Transference

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A NOTE ON EMPATHY AND THE ANALYST'S TRANSFERENCE

BY LEE GROSSMAN, M.D.

A Jewish man in analysis used a Yiddish expression, which he immediately translated into English. "I don't know why I have to translate for you," he went on; "I know you're Jewish." (In fact, he was not sure). I said to him, "You try not to think of me as family." He immediately agreed, going on to say how some Jews don't speak Yiddish, but his family does. This led to a new angle on a familiar theme in our work, which was his emphasis on ingroups and outgroups. The new material had to do with how he used his sense of exclusion, as well as his sense of being one of the Chosen, as a way to rationalize his various distancing maneuvers.

The patient's immediate experience of my comment was to feel connected to me. It seemed that my remark let him consider why he needed to exclude me, and for the moment why he needed to refrain from doing so. But besides the apparent correctness of the interpretation, I subsequently learned that he had heard my phrasing, and even the cadence of my speech, as Jewish. I was confirming that I was family, at least for the moment, without intentionally either affirming or denying my Yiddish-speaking status.

In fact, when I started to speak, I had been about to use the Hebrew word "*mespocheh*" instead of "family"; without knowing why, I had changed it at the last moment. In retrospect, it was clear to me that I had wanted to use the Hebrew word to prove I knew it, and to compete with him in Yiddish knowledge—a subject about which I feel inferior. I was going to "prove" I was family—not to be connected, but to outdo him, to prove I was in the ingroup.

My actual comment was not free of those motives either. Even my changing the word had elements of competition and disidentification in it, which strategies I also shared with my patient: I was saying "I'm not like you, I am better, I don't have to show off to outdo you!" As I considered some of my own motives, I became more aware of some of the subtle ways in which the patient hid his competitive strivings behind mild one-upmanship. I noticed these maneuvers in reviewing earlier interactions, although I found it impossible to sort out which of us had initiated it; it was a style of conversation between us, a shared language, with mutual deference and respect concealing the tiniest exchange of barbs.

My revised interpretation still contained the hidden edge—if not in the words, then in the tone or rhythm. But it also contained other motives, including the effort to be helpful, and at least a degree of awareness of his sensitivity to being excluded—a sensitivity based in part on his projected wish to exclude.

I did not plan in any orderly way either to compete with him or to accommodate his touchiness in this area. (Looking back, I have never found that even those few interventions that I thought I had "planned" conveyed simply what I intended.) As I thought about my change of word, and my state of mind as best I could retrieve it, I recalled an incident from my childhood, on the eve of my older brother's Bar Mitzvah. As he was being celebrated by my parents, I had sought to steal some of his thunder by showing off my expertise, and my brother's ignorance in some area of science. My parents had seen through the ploy and had dismissed me, leaving me feeling ashamed about the attempt. But my brother responded in a way that surprised me: he was interested, and asked me to tell him more about my topic.

I had the feeling that my brother understood my sense of exclusion; by his show of interest he had created a club of him and me. This was especially unusual to me at the time. What had seemed a more typical interaction between us was his not letting

me join his club some time earlier, to which I had responded by announcing that I would form my own club.

My initial reaction to my patient's translation was to feel excluded and to want to turn the tables; but in the moment of changing the word, I spoke as my older brother to the younger brother who needed to have his own club in which to be a member. I think I had heard my own childhood voice in his tone. This interaction got me started on a reconsideration of what I came to realize had been a caricatured view of my brother and how we had gotten along. It also alerted me to the fact that my patient's picture of his brother was similarly two dimensional, emphasizing the competition and ignoring the warmth and caring that he found threatening.

Recent psychoanalytic thinking has begun to take full account of the major role that the analyst's transferences to the patient play in the analytic process. Contributions by Jacobs (1986) and others have alerted us to the ways in which even our "correct" technique may enact the analyst's transference. In this commonplace example, my competitive motives are clearly based on a view of interactions persisting from a childhood interpretation of events. But what I wish to emphasize is that my compassionate, empathic action was also rooted in the re-enactment of a childhood experience. It was not simply a recognition of the patient's experience; it was a reliving of a congruent experience of my own.

The fact that I believe that I had gone through something akin to the patient's experience is not evidence that I was right; in fact, much of what we now commonly understand as countertransference is the analyst's jumping to a conclusion based on his own transference expectations.

Renik (1993) has argued persuasively against the assumption that countertransference fantasy can become conscious without first having been expressed in action, however subtle that action may be. We expect our patients to enact their transferences as a precondition of becoming aware of them; the same is true for the analyst's countertransference. I agree with Renik's conclu-

sion that the analyst's psychology expressed in action is not only inevitable but a useful part of the analytic process, and that it can only be understood retrospectively.

I intend my clinical report to illustrate how it is only in retrospect that we can distinguish empathic intuition from countertransference. Empathy is a name applied to the judgment (after the fact) that what we felt fit the patient's experience. In order to feel it, we must draw on our own experience; in order to understand it, we must examine the feeling in retrospect.

The role of the analyst's transference ("the countertransference") to the patient is confused by our tendency to see it as an obstacle to be surmounted—just as we once saw the analysand's transference. But it is a fact of the interaction, and it is not available for consideration until it has been put into action. Transference, in the sense of the set of personal a priori expectations applied to a new situation, is the vehicle for entering into relations with another person. It is our initial frame of reference, to be reconsidered in light of our subsequent experience. It is neither an obstacle to the relationship, nor a fact about the other person; it is a condition for the beginning of a relationship that is constantly redefined by the participants.

REFERENCES

- JACOBS, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.
- RENIK, O. (1993). Countertransference enactment and the psychoanalytic process. In *Psychic Structure and Psychic Change. Essays in Honor of Robert S. Wallerstein, M.D.*, ed. M. J. Horowitz, O. F. Kernberg & E. M. Weinshel. Madison, CT: Int. Univ. Press, pp. 135-158.

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"Dim Spot": A Variant in between Countertransferential "Bright" and "Blind" Spots

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"DIM SPOT": A VARIANT IN BETWEEN COUNTERTRANSFERENTIAL "BRIGHT" AND "BLIND" SPOTS

BY CORA L. DIAZ DE CHUMACEIRO, PH.D.

In an excellent brief commentary in this *Quarterly*, Goldberger (1993) recently called attention to analysts' "bright spots." The term referred to subjects which have especially vivid meanings for analysts, subjects "endowed with rich associative elaborations based on readily available personal experience" (p. 270). When patients describe such subjects, analysts feel that they know the exact details of what the patients mean. "Because this feeling may be illusory, a bright spot may prevent adequate exploration" (p. 270). She concluded:

The analytic literature contains ample documentation that subjects with negative implications to analysts can constitute blind spots for them. I now add the caution that we should remain alert to our heightened investment in other subjects in order not to be blinded by our bright spots (p. 273).

My response focuses on an adjacent area of subjective countertransference that exists in between subjects with negative and positive implications in the analyst's life. I selected the term "dim spots" to designate subjects that analysts feel are lacking in interest and luster and thus, bordering on indifference, are weakly charged with less than average associative elaborations based on easily remembered personal experience. These subdued subjects hardly arouse interest or curiosity, and dulled feelings reduce brightness of perception and clarity of understanding. When these subjects are mentioned by patients, analysts also feel that they know what they mean, which prevents adequate exploration of defenses, as in the case of bright spots.

It is advisable, therefore, to explore the degree of indifference to such topics. In addition to slowing down patients' progress, unawareness of “dim spots” may lead to premature flight from treatment, particularly in the initial stage (on which these comments will focus).

Natural and artificial light in restaurants and treatment settings are adjusted to create a subdued atmosphere. Artificial lights today are best regulated by dimmers. In some restaurants, however, although the intent is to create a soothing milieu, with insufficient lighting it is difficult to visually appreciate the chef's detailed presentation of a gourmet dinner—an important element that enhances or reduces appetite. For those in the throes of passionate love, this factor may be overlooked as hunger is normally reduced in such a state. By contrast, it is essential that analysts have the best vision possible in the professional dining room. To have reduced vision and to require eyeglasses to read the menu is different from being blind and needing someone else to read it. Thus, the “dim spot” was conceptualized as an intermediate hazy and blurred place, in between different degrees of brightness and darkness, in which it is difficult for analysts to perceive patients' material clearly and accurately.

In South America, an analyst reported in consultation that a new patient had predominantly wanted to discuss a novel and other works of fiction. Although familiar with these books, the analyst felt a lack of interest in exploring the patient's subject. After listening to the patient discuss a novel for awhile, the analyst redirected the flow of conversation by changing the subject. This pattern was repeated in several sessions. Shortly, feeling misunderstood, the patient prematurely left treatment. This seasoned analyst expressed in supervision that it was unproductive to talk about fiction he did not care for instead of exploring real feelings. In his view, both had been wasting their time and energy, as the patient was too intellectual and was unsuitable for analytic treatment.

Influenced by Goldberger's paper, I then asked him: “What would have happened if you had really liked or loved this liter-

ature?" He answered: "Probably, I would have reacted differently—at least initially." The books this highly intelligent and cultured patient happened to have liked very much were only dimly registered by the analyst. He had filled in the spaces quickly on the basis of his personal reactions to these works. Jumping too soon and too far, he then assumed that the patient was unsuitable for analytic work. In this "dim spot," the analyst, rather than blind, was hazily aware of breaking the fundamental rule when discarding material to which he did not resonate. However, as predictable, examination of these books revealed that, indeed, they were related to the patient's conflicts. Further exploration of the analyst's subdued reactions to these works, confirmed his suspected defense for having dimmed his feelings, which he had meant to explore when reading the books in the past but had not done so. His so-called disinterest in these works, then, turned out to be a rationalization.

In another supervisory case, a female analyst commented that a new female patient had mentioned favorite songs in foreign languages. Although familiar with song recall theory (Díaz de Chumaceiro, 1990, 1993a, 1996) and with some of the songs, the analyst had barely skimmed over the short phrases of lyrics that the patient remembered and translated. Not particularly interested in music, she felt it was unproductive to focus on this subject. In her view, whatever messages these songs contained would be repeated in other material that she was better equipped to handle. Such is the theory. The patient, however, perceiving the analyst's dulling response, fell into silence, saying that "no interesting topic comes to mind."

To the question, "What would have happened if you had really loved or hated the songs?," she answered, smiling, "That's a different case. Probably, I would have been more interested. I just don't have the time to search for lyrics; as you know, music is not my forte." In effect, it takes time to go to record stores to find the songs and then listen to them, and the analyst was working late hours because her practice was overloaded. Thus, I gave her the missing lyrics of the transference music (Rosen-

baum, 1963). Although it was suggested in the fact that the patient mentioned songs unknown to the analyst and could only remember very little of the lyrics, it became clearer with the scores and recordings that indirectly through this art form the patient was expressing her discontent with the analyst and wondering if she should stay or leave. However, hardly surprising, the analyst was concerned with the patient's lack of progress and had wondered if she should refer her to a colleague before the patient decided not to return. Technically, this is hardly the analyst's "blind spot" because she was counting on the repetition compulsion. Her reason for not searching for the missing lyrics appeared to be reality based. She also had stated: "The next time this happens, I'll call you to get me the lyrics." In effect, this is what she did in bringing me this case. This solution is preferable to ignoring or dimming the patient's material. The analyst then explored the meaning of the songs, and the patient remained in treatment.

These two brief examples of patients' love for particular art works underscore the issue of the individual preferences for different subjects by the members of the analytic dyad; invariably, their backgrounds are going to be different. Although analysts cannot be expected to have a personal interest in every existing subject in life, heightened awareness of "dim spots" may prevent the unwitting reduction of whatever amount of light our patients' subjects present when they are indirectly communicating their conflicts at any stage of treatment.

Cross-cultural factors also may be overlooked in and beyond formal treatment. During my doctoral work, I requested a session to discuss methodological issues with one of several North American analysts on my committee. He began the session by asking: "Why did you really request this session?" At the end of the fifty minutes, still feeling confused about the technical problem at hand, he told me a joke that had several words in Yiddish. Because I laughed, mirroring his laughter, he readily assumed that his coded message had been understood. However, too afraid to request clarification, I left in an even more perplexed

state, trying to figure out the meaning of his communication. Fortunately, I knew another Jewish analyst, independent of the committee, who translated the foreign words for me (also laughing). Later, a solution crystallized in my mind. After graduation, when I told my committee member this story, we both finally enjoyed the joke together. I was grateful for his help, even though I had needed to use a translator. Methodology was not his forte and for whatever other reasons, his perception of me apparently was blurred. Although he knew that I was South American, he had had no previous in-depth contact with me, and thus had only been dimly aware of (not blind to) our cultural differences. In a final effort to help me at the end of the session, leaping rapidly from a "bright spot," he erroneously assumed that like himself, I was Jewish and knew Yiddish. Thus, he bypassed the possibility that I could have been Catholic, as are the majority of Latinos on that continent, or a Spanish Jew who instead of Yiddish knew Ladino.

When working with patients from different cultures and/or with different languages and creeds, it is even more important to be on the lookout for dim areas of perception than when the members of the therapeutic dyad are more homogeneously matched. Both situations, though, offer unique opportunities to learn about other, previously unexplored venues (see Díaz de Chumaceiro, 1993b). In graduate work, analytic training, supervision, private practice, meetings, or groups, subjects that involve analysts' "bright spots," "blind spots" (Stekel, 1911), "dumb spots" (Bernstein and Severino, 1986), and "dim spots" may be skimmed over rapidly, and then illusory, erroneous assumptions are made with consequences that may or may not be remedied. Once patients have quit treatment prematurely, they may not allow for a second chance to repair errors.

Finally, when recently revising a manuscript for publication with a North American analyst, I gave him a copy of Goldberger's commentary saying: "I want to check out my paper, taking into account my 'bright spots,' and I want you to become aware of yours—to prevent a *folie à deux*." When we analyzed the ma-

terial, naturally, "dim spots" in our interactions appeared. In working them through as friends, however, in a short time span we both learned more about transference-countertransference subtleties and individual differences than possible in formal treatment dyads. Consequently, I decided to write these brief comments.

Resistances are ever present. Nevertheless, we have the intrinsic capacity and training to regulate our mental dimmer. Inevitably, the amount of light or darkness reflected on subjects encountered in life, for whatever conscious or unconscious reasons, will influence patients' reactions as well as those of family members and friends. It cannot be otherwise. If our lights are too dim, patients may leave and not return. More intimate family members and friends may also progressively become distant and eventually leave with the feeling that we do not care enough about subjects that ignite their passion and joy in living.

Goldberger's commentary addressed subjects with positive implications for preventing "bright spot" blindness. In this paper, the adjacent countertransferential "dim spot" was presented and discussed, integrating and expanding her viewpoint. The applicability of these concepts was also extended beyond formal treatment, underscoring cross-cultural issues in both areas. Exploration of subjects bordering on indifference—viewed as considerably less attractive than others more positively or negatively charged—may counteract the reduction of visual perception that occurs when working with insufficient light.

REFERENCES

- BERNSTEIN, A. E. & SEVERINO, S. K. (1986). The 'dumb spot': a special problem in countertransference. *J. Amer. Acad. Psychoanal.*, 14:85-94.
- DIAZ DE CHUMACEIRO, C. L. (1990). Songs of the countertransference in psychotherapy dyads. *Amer. J. Psychoanal.*, 50:75-89.
- (1993a). Transference-countertransference implications in Freud's patient's recall of Weber's *Der Freischütz*. *Psychoanal. Rev.*, 80:293-307.
- (1993b). Parapraxes in song recall: a neglected variable. *Amer. J. Psychoanal.*, 53:225-235.
- (1996). Unconsciously induced song recall: the process of unintentional

- rather than so-called spontaneous evocations of music. *Amer. J. Psychoanal.*, 56:83-91.
- GOLDBERGER, M. (1993). "Bright spot," a variant of "blind spot." *Psychoanal. Q.*, 62:270-273.
- ROSENBAUM, J. B. (1963). Songs of the transference. *Amer. Imago*, 20:257-269.
- STEKL, W. (1911). *Die Sprache des Traumes. Eine Darstellung der Symbolik und Deutung des Traumes in ihren Beziehungen zur kranken und gesunden Seele für Ärzte und Psychologen*. Munich/Wiesbaden: Bergmann.

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Reproductive Conflicts in Incest Victims: An Unnoticed Consequence of Childhood Sexual Abuse

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REPRODUCTIVE CONFLICTS IN INCEST VICTIMS: AN UNNOTICED CONSEQUENCE OF CHILDHOOD SEXUAL ABUSE

BY STANLEY FRIEDMAN, PH.D., M.D.

This report is based on the treatment of three women who were incest victims. Two of the patients were psychoanalyzed, the third is in psychoanalytic psychotherapy. As a consequence of incestuous victimization, these women had severe conflicts about reproduction. All had been sexually abused by relatives, and the abuse had included ejaculation into either their mouths or their vaginas. In each case, the victim, years later, still maintained the unconscious fantasy that the abuser's sperm were still viable within her, that any pregnancy would have these sperm as the fertilizing agent, and that the abuser would be the biological father. These patients began treatment without any conscious awareness of sexual abuse. Treatment brought the childhood abuse back into consciousness and these three patients were able to obtain external corroboration about their victimization. Calef (1972) has reported a similar finding, although his patients were influenced by an oedipal fantasy without actual incest. Here, the fantasy is that the "child is the incestuous offspring of a fantasied union between the patient and her father" (p. 76) and is then held responsible for the mother's hostility to her child.

Case Vignettes

Patient One, in psychotherapy, had a long and repressed history of sexual abuse by her grandfather, including vaginal penetration. At about the age of twelve she began to enjoy his

abuses, though this was intensely repressed. At the time of recovering her memory for these exciting events, she reported a dream.

I was about to receive a baby from someone else. This woman was having a caesarean section. I'm on an operating room table next to her. I think they transfer the baby from her womb to mine. I think I have an abdominal incision. It's confusing. Maybe they just handed me the baby.

The patient's associations were to the fact that, late in the pregnancy with her only child, she became terrified about going into labor and having a vaginal delivery. Although she half-realized that it was a pretext, she insisted to her obstetrician that her past history of genital herpes made it imperative that she not risk the baby and that a c-section must be performed. After some persuasion, he agreed, and it was carried out. Her own awareness was of being anesthetized and, subsequently, being handed the baby.

I pointed out that the dream seemed to deny that the patient had given birth; that another woman had the baby, as if the patient were not allowed to have one, and that she gets the baby by just having it handed to her. The session ended with vague thoughts about punishment.

In the following session, after some blocking, the patient thought again about the dream. She remembered a session some years ago with a psychiatrist who, in a different context, had made some comment about her giving birth to her own mother. This incomplete memory puzzled her. I asked who the father would be if she gave birth to her mother? She was amazed at the thought that it would be her grandfather! She then thought of the movie, *Chinatown*, with its incestuous father and the distraught heroine confessing that her sister was also her daughter. I interpreted that her fear of giving birth had the same source; that she had the primitive fantasy that any baby born to her would have been sired by her grandfather, even though the incest had occurred years ago. Her response was to

note that her menarche had occurred at age thirteen but she didn't even remember when intercourse with her abuser had finally ended, as if such a contact would be relevant!

In the next session, the theme continued with more memories of her daughter's birth. The patient had been given an epidural block with the assurance that, if it wasn't completely effective, she would be given general anesthesia. As the c-section began, the patient had an anxiety attack. She then falsely claimed that she was feeling pain and was given general anesthesia. Now realizing that she didn't want to be awake when her daughter was born, she remembered waking up and seeing her husband holding the baby. Her own reaction was of distaste instead of excitement and joy. In addition, by falsely claiming pain, the patient managed to avoid acknowledging that she had given birth and could continue to ward off her fears of the consequences of incest.

The patient then had spontaneous insight into another symptom related to giving birth. For years, she had the daily anxious thought that her earlier promiscuity had infected her with the AIDS virus. Her fear was that one of these men had deposited the virus within her and that it had lain dormant inside. Some day, however, she feared that this virus would become activated, giving her AIDS, and she would be destroyed because of her sexual sins. The patient interpreted this fear as a derivative of her incestuous reproductive guilt. She had this insight between sessions and reported it to me. Since then, her daily rumination about AIDS has disappeared.

Patient Two, in analysis, had been abused by an uncle for many years, including forced fellatio. As an adult, she arranged her life so that she could "decide" not to have any children. She became depressed when she had to confront her unconscious bases for this decision. More on the surface was her fear that either she or her husband would sexually abuse her children. On a deeper level, she feared that the biological father of any baby she had would be this uncle. An additional insight at this point related to her older sister, similarly abused by their father.

This sister's two children had severe psychiatric disabilities, and the patient was surprised to realize that she had conscious thoughts that her sister's incestuous victimization had led to impaired offspring on a directly biological basis.

Patient Three, also in analysis, has repressed an incident of fellatio, including ejaculation, with an older cousin in the family basement when she was ten years old. In this context, she began to recall that after her menarche, she was terrified that her next period wouldn't arrive. Analysis revealed that she thought she was now potentially pregnant with the semen she had swallowed. Her menarche made her vulnerable to such a pregnancy, and she was always greatly relieved when her next period arrived and postponed her fate for another month. This anxiety gradually abated over the subsequent two years only to resurface in analysis when she was conflicted about becoming pregnant. An incestuous basis for this pregnancy fear was her loving admiration for her older brother, who was her cousin's age. When she confronted the puzzle of her cooperation in performing fellatio without having any sexual pleasure, she became aware of another fantasy. She had maintained the unconscious idea that although sexual contact with a brother was forbidden, he witnessed this fellatio from a hiding place and was excited by the scene.

DISCUSSION

In recent years, the topics of sexual abuse and incest, always present but always in the background of psychoanalytic thinking, have re-emerged. This return has been based on the growing awareness of the frequency and influence of these traumas on our patients. In addition, psychoanalysts have tried to come to terms with the relative neglect of this important topic (Simon and Bullock, 1994). As this awareness has grown, important empirical data have been added to the field, allowing for greater anticipatory sensitivity to the presence of such abuse and its

emergence in the clinical situation. The present brief paper has been an attempt to add to this empirical base.

How ubiquitous are pregnancy fantasies among sexually abused girls? Is the event itself of sufficient importance to become an organizer for future development and conflict? If this is the case, it would imply that such a fantasy may be present in all these victims. For some, its importance may recede to insignificant levels. For others, however, it may merge with wishes and prohibitions and play an important role in adult behavior and neuroses.

The reproductive conflicts in Patient One had important superego and instinctual ramifications, reinforced by the birth of a younger sibling. First, a pregnancy would be the punishment for her reluctant pleasure in the sex acts. Second, her abusive grandfather was also the most supportive and affectionate person during her childhood, an oedipal substitute for her withdrawn, remote, and unheeding father. Third, and most important, was an intense revenge fantasy. The patient felt that she could get her father's attention and interest only when some disaster befell her. Even in these situations, his interest in her would quickly wane. The conflicted wish to be pregnant would serve as an exquisite revenge. For many months, the spectacle of his pregnant teenage daughter in their dignified suburban neighborhood would finally force him to pay attention to her.

The pregnancy dynamics in Patient Two remained more obscure. Her incestuous uncle served as an oedipal screen for her vicious and perhaps psychotic father. This father frequently forced fellatio on the patient's sister in her presence and she became aware, late in treatment, of a desire to substitute for this sister and be her father's object, an event that never occurred. Finally, and only apprehended with difficulty, was an additional fantasy that the imagined fetus also represented an internal penis that must be kept hidden and preserved within.

Patient Three experienced only a single episode of abuse. The only observable derivative of this episode was her fantasy of her older brother watching her with her cousin. Her exhibitionistic

wish was to excite and seduce this oedipal substitute and bear his child.

Finally, it should be noted that intensity of abuse, severity of pathology, and the presence of a younger sibling did not seem to play any crucial role in these fantasies.

It is interesting to note that, although unpublished, reproductive conflicts in incest victims are not unknown. Doctor Hilda Shanzer, in a personal communication (1995), has informed me of a similar conflict in a patient of hers. This thirty-four-year-old woman had secret childhood sexual encounters with her brother, five years her senior. After her second marriage at the age of thirty-three, she decided to become pregnant. She then became very anxious at the idea of having a baby. She had fantasies that an old fetus was viable inside her, that it was malformed, and that any baby of hers would be defective.

Finally, this report implies that there may be other consequences of sex abuse, as yet unknown, but potentially available to future clinical work in this rapidly expanding area of psychoanalysis, belated though it may be.

REFERENCES

- CALEF, V. (1972). The hostility of parents to children: some notes on infertility, child abuse, and abortion. *Int. J. Psychoanal. Psychother.*, 1:76-96.
- SHANZER, H. (1995). Personal Communication.
- SIMON, B. & BULLOCK, C. (1994). Incest and psychoanalysis: are we ready to fully acknowledge, bear, and understand? *J. Amer. Psychoanal. Assn.*, 42:1261-1282.

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A Presence Announced by its Absence

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A PRESENCE ANNOUNCED BY ITS ABSENCE

BY IRVING BERENT, M.D.

Years ago a recently divorced woman in her late thirties presented a dream some months into her analysis in which she emphasized that her *whole* family was present. The scene was an old western town in which she and members of the family were hiding in and around buildings trying not to be shot. The patient mentioned each of her parents, her sister, and herself, and elaborated extensively upon their activities within the dream.

"You said your *whole* family is in the dream. Conspicuous by his absence is your brother. Where's he?"

My antennae had been aroused by the patient's emphasis on her whole family being present in the dream. Rather than attempt to have the patient associate to the numerous elements present in the dream, I had her focus on the "element" not present. A "negative" association, if you will.

In response to my inquiry the patient allowed herself to provide more details about her brother, and before the hour was done, she tearfully described an episode of their having had sexual intercourse as adults while drunk. The episode and its ramifications, including powerful guilt, contributed to her pushing her husband away and ruining a marriage to which she no longer felt entitled.

"Where's your brother?" proved to be the catalyst providing the disclosure of core issues in this woman's life. Without the "negative association" to her dream, her analysis might have remained obscure as, indeed, had been the case in her previous attempts at therapy.

DISCUSSION

What had prompted my thinking of this patient seen ages ago? I awoke from a dream in which I was traveling over freeways but was frustrated in my attempts to reach home. Initially, I was puzzled. Then I found myself thinking of the patient I just described. Now, why was I thinking of her? Aha! What's not in *my* dream? The answer proved to be the realization that I had some "home" issues which I was reluctant to handle. And the immediate link to my patient? The night previous to my dream I had read an article in *The New Yorker* (Brodkey, 1994) about Marlon Brando, who had been much discussed by my patient. As the reader can imagine, *A Streetcar Named Desire*, the play by Tennessee Williams in which Brando starred, had its connections to her brother, etc.

In *The Interpretation of Dreams* Freud (1900) tells us: "I have noticed myself from my own dreams how much it is a matter of chance whether one discovers the source of particular elements of a dream" (p. 14). Generally, we work with our patients' associations to the elements present in their dreams. Often this proves successful. When it does not, I suggest we inquire of our patients about what is *not* present.

In the same volume Freud, in discussing various means of representation in dreams, states: "... if a dream obstinately declines to reveal its meaning, it is always worth while to see the effect of reversing some particular elements in its manifest content, after which the whole situation often becomes immediately clear" (p. 327). As applied to my patient's dream, the "reverse" of her *whole* family could be conceptualized as a *part* of the family—namely, her brother. And perhaps I was operating from this particular adage when I asked, "Where's your brother?"

Again in the same work, when considering psychical repression, Freud makes a statement that also forms a bridge to the concept of suppression: "This effortless and regular avoidance by the psychical process of the memory of anything that had

once been distressing affords us the prototype and first example of *psychical repression*. It is a familiar fact that much of this avoidance of what is distressing—this ostrich policy—is still to be seen in the normal mental life of adults” (p. 600). I gather that Freud could give great importance to suppression even though the concept implies a closer connection to consciousness than does the concept of repression. It has been my impression that analysts in their writings tend to emphasize the concept of repression, giving short shrift to the concept of suppression—the mechanism my patient exhibited in relationship to her brother. To underestimate the effects of suppression in our analytic work is so easy.

In a similar vein my not dealing with my own “home” issues by displacing energy on writing this piece would be a form of suppression not entirely conducive to my best mental health!

REFERENCES

- BRODKEY, H. (1994). Translating Brando. *The New Yorker*, October 24.
FREUD, S. (1900). The interpretation of dreams. *S.E.*, 4/5.

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Book Review

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BOOK REVIEWS

AFFECT REGULATION AND THE ORIGIN OF THE SELF. THE NEUROBIOLOGY OF EMOTIONAL DEVELOPMENT. By Allan N. Schore, Ph.D. Hillsdale, NJ: Lawrence Erlbaum Associates, 1994. 670 pp.

In this extensively researched (over 2,300 references!) and cogently argued text, Allan N. Schore provides a major contribution to the study of the relationship between the neurological processes and structures of the *brain* and the socioaffective and object representational phenomena that we generally associate with the *mind*. Schore, a clinical neuropsychologist and psychoanalytic psychotherapist, explores the dialogical interaction between neurodynamics and psychodynamics. He proposes a neuropsychic choreography according to which the human infant's affective interactions within the early social environment directly influence the postnatal maturation of brain structures that will, in turn, play a major role in all subsequent socioaffective functioning. The cornerstone of his theory is that the dynamic functional properties of such a system are mediated by the orbitofrontal cortex, which seems to be the central cerebral system involved in social, emotional, motivational, and self-regulatory behavior.

Schore begins with an essentially readable survey of the extensive evidence that such factors as dendritic growth, synaptogenesis, and histochemical reorganization of the prefrontal region and corticolimbic system during the first two years of life are particularly sensitive to interaction with the external world. At the same time, he overlaps these neurological developments with the familiar concepts that are considered pivotal to self-other differentiation and affect attunement according to psychoanalytic, object relations, and attachment theories. In the course of explicating these notions, Schore expounds the thesis of "ontogenetic niches"—referring to a set of social and physical environmental circumstances that specifies the behavioral adaptations of the developing parent and child—which inaugurate, and are subsequently regulated by, a series of "expectancy-based memory systems" linked to dopaminergic "expectancy command circuits." According to this model, higher-order, abstract symbolic-representational factors such as are spoken of by psychoanalysis serve as mediators or unconscious stimuli for these circuits.

Thus, the symbiotic and practicing periods and the narcissistic states of grandiosity and omnipotence they engender are psychobiologically supported by “the hyperarousal of the sympathetic nervous system, produced by a hyperactivation of the mesocortical component of the ventral tegmental dopaminergic limbic circuit” (p. 98) mediated by visuo-affective merger experiences. In Schore’s view, eye-to-eye symbiotic contacts provide for a state of “mutually entrained CNS propensities, involving mutual regulatory systems of arousal” (p. 80), by which the infant’s postnatally maturing limbic system is exposed to the gleam in its mother’s eyes, which reflects the excitatory activity of *her* limbic system. In this manner, shared foveal visual regard—“mirroring” of olde!—helps facilitate “heightened catecholaminergic-induced sympathetic arousal states.” The function of the affect of shame, which occupies a central place in the text (and which, as a minor criticism, yielded some burdensome, repetitious, index-card paragraphs), is similarly interpreted along the lines of the visual-representational mediation of parent-child misattunement leading to the internalization of affect inhibitory signals, from the object relational point of view, and in terms of the regulation of sudden, distressful shifts from the sympathetic-dominant ergotropic arousal to parasympathetic-dominant trophotropic arousal, from the psychobiological point of view.

Schore has equally fascinating integrations to offer in the areas of crossmodal transfer and representation and in the major new theories of the relationship between language, symbolic structure, and memory retranscription. He is current in the research of Mandler, Freyd, T. Horner, and others regarding the dynamic spatiotemporal qualities of early image schemas and conceptual primitives which appear to enable early forms of thought to convey truth conditions purely on the basis of their own inherent structural and relational properties, and without predicate-argument (propositional) structure. I found the latter commensurate with my own findings regarding the mechanics of countertransference perception of never before mentalized (i.e., not repressed) experience and whether or not the property of intentionality may be attributed to states that are communicated nonverbally or via projective identification.

Schore’s approach is an outstanding example of the genre of

studies seeking to demonstrate neurological isomorphisms for the kind of mental or psychic states that have been postulated by psychoanalytic theory. Interestingly, writers such as Schore (and Morton Reiser¹) are grappling with the elusive nature of the mind/psyche intersect, using a wealth of new empirical information to pursue lines of inquiry that were initially outlined by Freud in his prepsychoanalytic *Project for a Scientific Psychology*. Though Freud appeared to abandon much of this early metapsychology and surrendered his quest for “Q,” he remained influenced throughout his professional life by the interplay of neurobiological instincts, their drive derivatives, and the ultimately symbolic representations of those drives in the form of affects and ideas. Yet the perennial question arises: Will we have need for the psychoanalytic explication of things once we have secured the neurobiological?

One response would seem to be that although neurological science strikes many as “stronger” than the social-linguistic-psychoanalytic sciences, it is nevertheless the latter which have the more subtle capacity to discover, under the refined conditions of the clinical consulting room, the significant “hidden” forms of self-object relationship and interregulation that might be embedded within dyadic neural interchange. Second, although neural or “brain state” dynamics underlie human behavior, these dynamics are aroused by social interaction and symbolically mediated intersubjectivity. Indeed, it remains a mystery as to just how primitive olfactory-thermal models (during, say, the autistic phase) and kinesthetic models (during, say, the symbiotic phase) are able to be replaced by iconic maternal representations and, eventually, increasingly abstract representations. How exactly does an “internalized object representation” acquire the capacity to shape patterns of energy flow? The representational world would appear to be the likely bridge between psyche and soma, but the precise nature of the crosstranslation is unknown. The old caveat is still in effect: The increasing evidence of linkage, analogy, or even isomorphism between some dimensions of traditional psychodynamics and psychological or neural structures, states, and pathways has not yet

¹ Reiser, M. F. (1984): *Mind, Brain, and Body. Toward a Convergence of Psychoanalysis and Neurobiology*. New York: Basic Books; (1990): *Memory in Mind and Brain*. New York: Basic Books.

explained nor supplanted the critical intermediate domain of fantasy and wish.

The chapters dealing with psychopathology and Schore's proposed neurobiological characterization of psychotherapeutically induced psychic structural change were consistent with his overall approach, but occasionally the attempt to overlap psychoanalytic concepts with neural process seemed forced and overextended. Thus, while the author's case regarding the neurobiology of shame and other "toxic" affects seems strong, not all psychopathology (or psychotherapy) can be explicated in these terms. On the other hand, having documented that self- and object representations and arousal-inducing imagery are stored in the right hemisphere, Schore's admonishment of psychotherapy research is quite on the mark: "The almost exclusive focus of research on verbal and cognitive rather than nonverbal and affective psychotherapeutic events has severely restricted our deeper understanding of the dyadic therapeutic process. In essence, studying only left hemispheric [lexical] activities can never elucidate the mechanisms of the socioemotional disorders that arise from limitations of right hemisphere affect regulation" (p. 469). I found Schore's proposed adoption of chaos theory to guide future psychotherapy research promising, though all too sketchy.

MOSHE HALEVI SPERO (JERUSALEM)

HUMAN FEELINGS. EXPLORATIONS IN AFFECT DEVELOPMENT AND MEANING. Edited by Steven L. Ablon, Daniel Brown, Edward J. Khantzian and John E. Mack. Hillsdale, NJ/London: The Analytic Press, 1993. 431 pp.

In his Introduction Ablon describes the book as the outcome of five years of fortnightly sessions of a multidisciplinary team, the Harvard Affect Study Group. The book is well edited for a unity of style despite 14 authors and, in essence, 18 papers and is helpfully organized in specific sections. A reviewer with but 1500 words at his disposal can only outline the book's papers, pausing briefly just where he has particular experience.

The first section deals with theory, introduced by Brown's paper on developmental sequences of affect maturation. It is around this chapter that the book is organized, later papers often illustrating

aspects of his thinking. He reports a sequence of stages beginning with affect expression (until three months), affect experience (until a year), affect tolerance, and then verbalization in toddlerhood, followed by affect defense in prelatency, orientation in latency, transformation in adolescence, and consciousness of affect processes in adulthood. This thoroughly researched chapter leans heavily on cognitive development and correlates types of psychopathology with failures in maturation at different levels in the affect sequence. A child analyst sees most of his or her steps not as separate from one another, but rather as completely interdependent: affect tolerance, for example, almost totally dependent on verbalization and defense. The Toddler Developmental Profile¹ with its emphasis on affects might have been helpful here. Although perhaps a bit schematic, Brown struggles well to avoid the adultomorphism bemoaned by Tähkä² as almost inevitable in affect theorizing about infancy.

Allen Palmer's section on "Affect and Character" advances the concept that we each have a "predictable, prevailing affect that is a signature of our character" (p. 67). Leslie Brody's succeeding chapter is on gender differences in the expression of affect. Recent work³ might be helpful here, as it has focused on the woman's capability of being a mother, anatomically able to give birth, with an anatomy that shapes the body ego and hence all that arises therefrom.

The next section explores affect in psychotherapy and contains two superb clinical reports, the first by Stephanie Smith on the role of affect tolerance in the analytic progress of an adolescent girl, illustrating one of Brown's early phases so well. The report is pleasingly unusual, as this mature child analyst adapts her technique to the special needs of her patient. The second report is by Alexander Morgan on his psychotherapy with an eighty-year-old woman. The mutual respect of therapist and patient, their devotion to their

¹ Furman, E. (1992): *Toddlers and Their Mothers. A Study of Early Personality Development*. Madison, CT: Int. Univ. Press, pp. 102-103.

² Tähkä, V. (1993): *Mind and Its Treatment: A Psychoanalytic Approach*. Madison, CT: Int. Univ. Press.

³ Furman, E. (1994): Early aspects of mothering—what makes it so hard to be there to be left. *J. Child Psychother.*, 20:149-164.

shared task of working with affect in an elderly patient is heart-warming. How fortunate this woman was in finding Morgan and not someone who might have tragically and disrespectfully medicated her. This is a paper that should be mandatory reading for any health care reformer or managed care administrator.

Alexandra Harrison's paper is on the familiar process of helping a child and family master what I have been trained to call a developmental conflict threatening resolution of the oedipal phase.⁴ She reports (p. 157) rather clearly that her management of the child's aggression was followed by the appearance of the girl's ability to play, yet in her summary she seems to turn things around to attribute any therapeutic benefit to the child's ability to play.

This can introduce Ablon's paper on the therapeutic action of play in child analysis. The integrative function of play is well known, as are the benefits accruing from just sitting by a child at times so she or he can safely be alone in the protective presence of another, in Winnicott's sense. Tähkä (see footnote 2) writes of something similar, with the analyst a bit more active, in his concept of "empathic description." Familiar also are the many other functions of play, such as for communication or defense. Ablon is writing about the mastery that occurs in the "intersubjective sphere of the therapeutic relationship" in which the analyst serves as companion while engaged "in lively self-analysis."

Ablon's cases are drawn from the early stages of two analyses. In the first instance the analyst observes the unfolding of violent, murderous fantasies of a five-year-old. We learn of the analyst's conjectures in response to the material and of his perhaps appropriately rare interventions, though the child's recurrent comment, "Is there a doctor in the house?," raises questions here. There seems to be no way to learn how, or to confirm if, the analyst's inactivity served some new or specific therapeutic purpose in allowing the play to continue uninterrupted. The contention is advanced that the play is in and of itself therapeutic, but at the end of the report it is stated that the analysis subsequently went on to resolve rather typical phallic-oedipal conflicts. The propositions advanced in the

⁴ Furman, R. & Katan, A. (1969): *The Therapeutic Nursery School. A Contribution to the Study and Treatment of Emotional Disturbances in Young Children*. New York: Int. Univ. Press.

paper would require a much more detailed protocol to evoke a sense of conviction.

Alfred Margulies has a fascinating chapter dealing with the question of whether we find or create feelings in others, posing the question about the appearance in therapy of painful affects attached to old memories. Are these feelings discovered, uncovered, or created by therapy? Where were they, if anywhere, all the time since the painful experience? He seems wisely to pose the question without a definite answer so that the question stays with one most appropriately when finished with the chapter.

The book's third section deals primarily with trauma and drug addiction, the first two papers on post-traumatic stress syndrome. Bessel Van der Kolk writes, "Today's knowledge of neurobiology allows us to speculate about underlying biological mechanisms" (p. 227), and his paper is a thorough review of today's neurobiology and the speculations it makes possible. Sarah Haley's paper is on object relations theory and hypnotherapy with Vietnam veterans with post-traumatic stress syndrome. The first paper quotes Pierre Janet in 1889 and again in 1919 on trauma, and the second chapter is focused on mastery of overwhelming trauma by enhancing the ego's access and control over the events as part of the progression of the treatment. But neither paper refers to Freud's basic thinking.⁵

The next paper in this section is by Khantzian, "Affects and Addictive Suffering." The reviewer's experience with such patients is too limited to permit any intelligent comment beyond noting that it seemed as if object relations theory was being stressed rather prominently and this focus did not add clarity to the presentation in the context of this book.

The final chapter is the second of three that Brown contributes. It focuses on work done to integrate stress and emotion with their implications for the development of health or illness. Most challenging and fascinating are the reports of ten-year studies of over 4,000 people in Yugoslavia and Germany, correlating the occur-

⁵ Freud, S. (1919): Introduction to *Psycho-Analysis and the War Neuroses*. S.E., 17.

——— (1920a): Appendix: memorandum on the electrical treatment of war neurotics. S.E., 17.

——— (1920b): Beyond the pleasure principle. S.E., 18.

rence of illness—cancer and heart disease—with personality types and prevention of illness by psychological intervention. Brown notes the lack of sophistication of the research, but the case is well made for the repetition and verification of the studies.

The last two sections of the book really give meaning to the term interdisciplinary. The first of these is on the transformation of affect and features papers by Daniel Jacobs on analysts' devotion or lack of devotion to theory as perhaps a function of the nature of the early mother-child relationship, an intriguing concept, as well as a paper by Jerome Sashin on Duke Ellington. This latter is an elegant, remarkable paper, exploring Ellington's relationship to feeling in his work and most particularly his ability to tolerate uncertainty and ambiguity in his compositions. The paper reveals an unusual knowledge of jazz and of musical composition, as well as a deep regard for the creative process. The third paper in this section is also unusual and fascinating as Mack explores the role of affect in international relations, an area usually outside the domain of the mental health professional in a formal sense, although it may well be an area to which all of us give a great deal of private, unacknowledged thought.

The final section of the book is on new directions, which means hypnosis primarily in the first paper by Mack and meditation in the second paper by Brown. The reviewer has no knowledge of either field and can only report that the expositions seemed scholarly though hard to follow. Perhaps they would be easier for someone with even a modicum of knowledge of either area.

This is a timely and wide-ranging book in which the quality of the papers seems a bit uneven, although, like the reviewer, each psychoanalyst should find much that is either heartwarming or fascinating or new and stimulating to think about. It is a worthwhile read.

ROBERT A. FURMAN (CLEVELAND)

THE RELEVANCE OF THE FAMILY TO PSYCHOANALYTIC THEORY. By Theodore Lidz, M.D. Madison, CT: International Universities Press, Inc., 1992. 256 pp.

This book represents the culmination of Lidz's views on the relationship between the family and the psychoanalytic development of the self. It is a further elaboration of ideas expressed in his earlier

works, which include *The Family and Human Adaptation* (in 1963), *The Person: His Development throughout the Life Cycle* (in 1968), and his pioneering 1966 study with Stephen Fleck and Alice Cornelison, *Schizophrenia and the Family*. In asserting that psychoanalytic theory and practice must be revised to include the influence of family transactions, structure, and milieu on the individual's development and psychopathology, Lidz raises an important issue. It is his view that the neglect of the role of the family in psychoanalysis is due to the central focus in our theory on the instinctual drives, a point to which he returns repeatedly throughout the book.

The book is divided into two parts. Lidz begins his historical review by pointing out that Freud erroneously renounced the seduction theory and concomitantly turned away from considering the role of the family in neurogenesis. He illustrates the inattention to intrafamilial influences in Freud's cases of Dora, Little Hans, Schreber, and the Wolf Man. He then argues that the subsequent predominant interest in the intrapsychic rather than in the environmental has led to a neglect of the influence of the family in psychoanalytic theory and has contributed to analysts' disinterest in actual events and in the nature of family transactions in their patients' lives. Moving on to ego psychology and object relations theory, Lidz credits Fairbairn with recognizing that the ego was object seeking rather than pleasure seeking and Jacobson with pointing out that the process of the child's separation from parental control and the development of an ego identity involves the parents too. However, Lidz emphasizes that, for the most part, little attention was paid to actual family relationships and their dynamics. He faults object relations theory for limiting its observations of parent-child interaction primarily to the first few years of life. The author finds Kohut's emphasis on the influence of the parents' personalities and the chronic pathogenic atmosphere, as opposed to gross traumatic events, more compatible with his own position, but points out that this view had been clearly expressed much earlier by himself and others. Reviewing the work of some of the other analysts who are interested in family dynamics, Lidz concludes that they are more concerned with applying psychoanalytic theory to understanding the family's dynamics than with attempting to integrate family dynamics into the theory. He also believes that they fail to conceptualize the family as a transactional system. Finally, Lidz

points out that cultural influences in personality development and psychopathology have been largely underplayed, and suggests that in order to have a meaningful theory, we must include data from ethnological and sociological studies outside the realm of psychoanalytic practice.

In his attempt to move toward a more inclusive psychoanalytic developmental theory, the author begins the second part of the book by suggesting that psychoanalytic theory has embraced an overly narrow concept of human biology. He maintains that from an evolutionary point of view, the need for attachment far outweighs the primacy of Freud's sexual drive which, he reiterates, has continued to dominate psychoanalytic theory. Lidz emphasizes the central importance of the capacity for speech and language, which differentiates humans from other species. The ability to function symbolically frees the individual from motivation by instinctual drives alone and makes possible motivation based on assimilated cultural heritage, an equally important part of the dual human endowment, in Lidz's view. The author conceives of the family as a true small group which must be understood transactionally in terms of its reciprocal and interrelated roles. He defines family functions as including nurturance, the provision of adult objects to internalize, socialization, and enculturation, and he emphasizes the atmosphere of the home created by the parents. Crucial are the spouses' abilities to achieve and maintain a coalition as parents, to establish and maintain boundaries between the generations, and to adhere to their respective gender-linked roles as defined by the culture.

In the most important chapter of the book, "The Family, Developmental Theory, and Psychoanalysis," Lidz presents his views on a more fully integrated object relational psychoanalytic theory of personality development. Virtually discarding libido theory, he advocates a broadened view of defenses, including defenses against depressive affect, against recognizing the shortcomings of the parents and disillusionment with them, against recurrences of childhood anxieties, and against abandonment anxiety. He discusses the need to include the findings of infant research in psychoanalytic theories and also calls for greater attention to sibling relationships, especially in their positive aspects. He stresses above all an awareness of the atmosphere of the home and the way in which parental

functioning is affected by other familial transactions, structure, and relationships, all of which influence the child's internalizations. Lidz also points to the continuing importance of intrafamilial relations throughout the life span of the individual.

In the final chapter, which addresses the determinants of psychiatric disorder, Lidz rejects the classical paradigm of the central role of regression to a point of libidinal fixation as etiologic in the formation of neurosis, symptom, and character pathology. Here he describes some older but nonetheless interesting studies of families of patients with various disorders in order to illustrate his main point that the type of psychiatric syndrome a person develops depends "much more upon the nature of the structure and transactions of the family in which the individual grows up, as well as upon the parental models for internalization and identification . . ." (p. 221).

The author's critique of psychoanalytic theory is timely, in that he sees inclusion of the revisions he suggests as vitally necessary for the continued relevance and even survival of psychoanalytic theory and practice. Lidz brings to bear on this task of reorientation the depth and breadth of his years of clinical experience. However, he holds the emphasis on the drives responsible for virtually every shortcoming in the theory and, in order to make his point, often portrays existing psychoanalytic theory in its worst and most rigid light. As Roger Shapiro has pointed out, the emphasis has shifted during the past forty years from viewing the patient's internal conception of his family relationships as a subjective distortion to regarding such perceptions as containing actual characteristics of the parent-child relationship that were major determinants of the child's personality organization and development.¹

Some other related contributions relevant to this work but omitted by the author include articles on parenthood as a developmental phase by Benedek,² on the individual's development in adult life by Colarusso and Nemiroff,³ on the family's developmental life

¹ Shapiro, R. (1987): The family in the psychoanalysis of the young adult. *Psychoanal. Inquiry*, 7:59-75.

² Benedek, T. (1959): Parenthood as a developmental phase. A contribution to libido theory. *J. Amer. Psychoanal. Assn.*, 7:389-417.

³ Colarusso, C. A. & Nemiroff, R. A. (1979): Some observations and hypotheses about the psychoanalytic theory of adult development. *Int. J. Psychoanal.*, 60:59-71.

cycle by Zilbach,⁴ and a series of papers by Zinner and Shapiro and their colleagues which attempted to conceptualize adolescent personality development in light of family dynamics.⁵

In calling for the inclusion of the family in an expanded, enriched, and revised psychoanalytic theory of development, this book by an elder statesman in our field provides a valuable viewpoint. However, the author's repetitive criticism of a psychoanalytic theory that is portrayed as if it were itself fixated at a primitive stage in its own development unfortunately detracts from the overall strength of his contribution.

DAVID A. BERKOWITZ (NEWTON, MA)

FATHERS WHO FAIL. SHAME AND PSYCHOPATHOLOGY IN THE FAMILY SYSTEM. By Melvin R. Lansky. Hillsdale, NJ/London: The Analytic Press, 1992. 257 pp.

This is an articulate, edifying, terrifying exposé of some of the most complex sociological issues facing the world today. It enriches our clinical understanding of the significance of the internalized shame and humiliation of failed fathers within the context of the family and extends our appreciation of this failure within the larger sociopolitical sphere. It also devotes considerable attention to the question of how much of what we learn from our patients represents their real past rather than reconstructed imagery. Again and again, Lansky's clinical vignettes affirmed this reader's concerns about premature, oversimplified judgments of "deadbeat dads" or men who cannot be consistent with the women with whom they make partial attachments.

Lansky has joined with those analysts who have expanded their focus from "the role" of the father to the concept of "the paternal

⁴ Zilbach, J. (1968): Family development. In *Modern Psychoanalysis: New Directions and Perspectives*, ed. J. Marmor. New York: Basic Books, pp. 355-386.

⁵ Zinner, J. & Shapiro, R. (1972): Projective identification as a mode of perception and behaviour in families of adolescents. *Int. J. Psychoanal.*, 53:523-530.

Berkowitz, D., Shapiro, R., Zinner, J. & Shapiro, E. (1974): Family contributions to narcissistic disturbances in adolescence. *Int. Rev. Psychoanal.*, 1:353-362.

Shapiro, E., Zinner, J., Shapiro, R. & Berkowitz, D. (1975): The influence of family experience on borderline personality development. *Int. Rev. Psychoanal.*, 2: 399-412.

imago" in the family system. But, wisely, he warns us we may "be held captive" even by this deeper appreciation unless we are sensitive to fuller, more complex, transgenerational scenarios. He asks whether patients' associations to the paternal object in memory are accurate, or whether they are derivatives of maternal representations. Are they associations not to the real family but gestalts which are composed of object representations as well as "remembered relationships" to each other?

Lansky's thoughtful confusion replicates Freud's dilemma about what he could believe of what he had been told by his neurotic patients. In 1957, when faced by this problem in a study of post-hospitalized psychotics, I became aware of how often their family histories were full of highly elaborated, condensed, and distorted admixtures of their own body-self-other relationships transferred from past contexts to the present, in order to explicate behavior and ameliorate shame and guilt.¹ Fathers do withdraw in shameful silence or are absent or too seldom present, too inappropriate or threatening. Whatever the circumstances, children create, recreate, and defend intrapsychically their own unique, composite imagoes of themselves, their parents, and their impressions of how the various family members relate to each other. *One consistent theme seems to emerge, namely, the need for an idealized male-other in little boys, a need which may fly in the face of their mother's needs.* This lack of attunement leads to loyalty conflicts, as the son's developmental imperatives contradict mother's "realistic" experiences. What will he feel when, as an adult, he realizes his own failure to internalize enough positive manhood to act as a responsible father himself? Lansky has much to teach us from his extensive, empathic attempts to treat such men.

This brings me to another reason for psychoanalysts to welcome this book. It is still commonplace to ignore the significance of the father in therapeutic planning.² In a recent presentation at a local psychoanalytic institute on the defense of externalization as a pre-

¹ See Cath, S. H., Glud, E. & Blane, H. T. (1957): The role of the body-image in psychotherapy with the physically handicapped. *Psychoanal. Rev.*, 44:34-40.

² See Ferholt, J. B. & Gurwitt, A. R. (1982): Involving fathers in treatment. In *Father and Child. Developmental and Clinical Perspectives*, ed. S. H. Cath, et al. Boston: Little, Brown, 557-568.

cursor of sexual abuse, videos clearly documented sadistic teasing of an infant during its first months of life by an adolescent, single-parent mother. From the child's birth, she "externalized" her own "greedy" need for nurture onto the "greedy infant." By six months, "its self initiative strangled and its boundaries confused," this little boy "learned to provoke rage and frustration by refusing its mother's efforts to feed and by gaze aversion." However, at no point was the role of the father or the concept "paternal imago" heard; nor was the mother's hostility to her son related to her possible feelings of abandonment by her uninvolved, absent, self-absorbed partner. I commented on this omission by asking if displaced aggression related to this desertion by "the boy who made this baby" might have contaminated the relationship between mother and son. To the credit of the presenters, an "of course" reaction was elicited. Forgiving fathers their neglect, their absences, and other deleterious contributions to family problems represents an ongoing countertransference blind spot distorting psychoanalytic understanding of the family system. It contributes to scapegoating of one sex by the other, and adds to the lifelong load of guilt Lansky documents so well in his clinical material on hospitalized, "failed fathers."

In chapter after chapter, Lansky underscores the few successes and many failures of psychoanalytically sophisticated attempts to help such disturbed family systems. He challenges us to contemplate modified intervention strategies in order to reach, study, and treat male members of the family.

In reading Lansky's chapter on "Preoccupation as a Mode of Pathological Regulation," on the "preoccupied provider," I found myself wondering whether Einstein and Freud, so preoccupied with matters seemingly greater than themselves and their families, represent but another variety of failed fathers to the degree that they avoided intimacy with their children "through work"? Is this part of why so many successful men often have less ambitious sons? Lansky has struck a basic chord about fatherhood. The inordinate intensity of devotion to professional careers or businesses may be used in a sublimated way to meet overdetermined needs for self-respect and to overcome old sources of shame. Are male therapists more unwilling to look at the defenses men use to maintain their narcissistic equilibria? To this reviewer, Lansky provides a frame of

reference to help understand not only “failed” fathers but also our less blatant failings as fathers.

This book leaves us with an even deeper conviction that illness within families and across generations cannot be addressed by chemistry alone.

STANLEY H. GATH (ARLINGTON, MA)

TODDLERS AND THEIR MOTHERS. A STUDY IN EARLY PERSONALITY DEVELOPMENT. By Erna Furman. Madison, CT: International Universities Press, Inc., 1992. 414 pp.

This volume reports the experiences and findings of a model psychoanalytic intervention-research program, the Hanna Perkins Mother-Toddler Group. Presenting a vivid and empathic observational picture of the world of toddlers, it is both conceptually elaborate and clinically precise. It demonstrates the ongoing vitality of the analytic tradition of observational research into early development. For the general reader, the book can serve as a valuable guide to the developmental issues of toddlerhood as they persist in subsequent development; for those working directly with young children, its detailed and pragmatic orientation will provide specific guidance.

Unlike many volumes that gloss over the clinical core that underlies their findings, *Toddlers and Their Mothers* offers a thorough description of the everyday workings of the Toddler Group. The program is a project of Hanna Perkins School, affiliated with the Cleveland Center for Research in Child Development. Started in 1985 by Erna Furman and her colleagues, it includes six toddlers, who, along with their mothers, attend for one to two years. The group meets twice weekly for one and a half hours, and two teachers, Furman and Phyllis Wapnick, are present at all times; other clinician-educators attend in carefully coordinated ways. Although the toddlers’ difficulties range widely in severity and nature, the author reports that they are not essentially different from any group of “normal” toddlers. An important, if implicit point here is that any population of young children includes many whose development may be compromised by a wide array of factors and that

therapeutic intervention will be helpful in many more cases than is generally realized.

While the toddlers may be typical, however, their parents are distinguished from the general population by having committed themselves to working on “specific concerns about their child . . . they have entered the developmental phase of parenthood, are invested in their child, and regard themselves as responsible for their child’s well-being” (p. 10). The alliance with the mother is a cornerstone of the intervention: “We work toward establishing the kind of relationship with the mother which, above all, supports her mothering, helps and appreciates her ability to understand and feel with her child, and him to master; and empathizes with the hardship this often involves” (p. 40).

The toddlers’ mothers are required to meet weekly with a child analyst in “treatment-via-the-parent,” and some decide to enroll their children in psychoanalysis as a result of these interventions. Fathers are involved more peripherally. In thus focusing on parents’ ability to join with the intervention, the group’s clinicians recognize and accommodate the frequent difficulties that parents of very young children have in committing themselves to child treatment. Here, as throughout the book, Furman addresses basic clinical realities that are rarely explicated despite their familiarity to working child clinicians.

Similarly conscientious attention to the practical nuances of intervening with children is demonstrated in the design of the classroom program. The goals of the Toddler Group are framed so as to reflect the staff’s ego psychological-developmental understanding of the key tasks of the toddler years: (1) bodily self-care; (2) developing inner controls; (3) developing the capacity to relate to a nonfamily member; (4) developing neutral, nonbodily skills and activities; and (5) preparing the toddler for the next developmental phase, including entry into nursery school. These goals are implemented in a practical “curriculum,” with careful thought given to every element of the program—the role of the classroom space, including crucial subspaces such as cubbies and bathrooms; the quality and quantity of toys; the relationships among teachers, between teachers and parents, and between teachers and therapists; the meaning of separations, holidays, classroom visitors, and so on. Reflecting the thoroughness, immediacy, and disciplined generos-

ity that characterizes the Toddler Group, the book's lengthy appendices detail the practical arrangements of the Toddler Group, presenting such concrete items as floor plans, assessment forms, activity schedules, course outlines, and the like.

This attention to the immediacy of the child's everyday interactions reflects a central, if understated, theme of the book: that entering and understanding the world of very young children depends on embracing the vitality of concrete activity, objects, and environments. These domains are invested with sensorimotor and, eventually, symbolic meaning by toddlers, and become the vehicle for communication and mastery. The book is full of examples of both verbal and nonverbal ingenuity in the shared world created by the children and teachers: for example, the experience of anticipating separation is translated into a chain of paper links used to count off the days as the end of the school year approaches, with the toddlers tearing off a link each day until there are none left on the final day.

The orienting principles for this systematic engagement are to be found in the Toddler Profile. The revised version offered here, developed by Furman with the collaboration of Thomas Barrett and Robert Furman, exemplifies a characteristic blend of comprehensiveness, attention to detail, and clinical acumen. In elaborating and adapting the Diagnostic Profile developed by Anna Freud, Furman and her colleagues have made numerous additions to heighten attention to the roles of parents, nonparental caregivers, and peers, as well as to phase-specific issues of the toddler years, such as response to frustration and structuralization and neutralization of aggression. Despite the Profile's sophistication and thoroughness in capturing the complexities of development and child psychopathology, it is sometimes overlooked in contemporary circles, both within and outside of psychoanalysis; it is to be hoped that such demonstrations of the Profile's power will enhance its popularity and use during this era in which glib and casual "diagnosis" substitutes for real understanding. The chapter on the Toddler Profile is presented with numerous useful clinical examples.

The central section of the book presents an array of research findings. A brief but crucial introductory section explains how core principles of psychoanalytic participant-observation are implemented in the Toddler Group, including the basic position "that

optimum service provides optimum conditions for psychoanalytic research" (p. 53). For Furman and her colleagues, immersion in the world of toddlers and their families, rather than empiricist detachment, is the prerequisite for enhancing our knowledge of early development.

With this background, an array of specific observational findings is presented. As the chapter headings clearly convey the areas that are addressed, the "Findings" section of the book can be used as a reference for clinicians wanting to learn more about various elements of preschool development, such as "Self-Care and the Mother-Child Relationship," "Fathers," "Toileting," "Phallic Manifestations and the Investment of the Body Ego," "Coping with Aggression," "Psychic Conflicts and Defensive Measures," and "Playing, Learning and Socializing." The intricate intertwining of mother and child in early development is emphasized throughout, as is the progressive movement toward autonomy in self-regulation, including bodily regulation, impulse control and narcissistic equilibrium.

Furman offers a four-step account of the toddler's developing independence in self-care that might be applied, with few modifications, across many developmental domains: (1) "the 'doing for' stage, with the mother doing the caring for the child who essentially enjoys being done for"; (2) "the 'doing with' stage, where mother and child . . . share the tasks"; (3) "the 'standing by to admire' stage, where the child is doing some aspect of self-care without any assistance," but requires the mother's admiring investment; and (4) "the 'doing for oneself' stage, where the child has internalized both the mothering of himself and the satisfaction it brings to the extent that mother's bodily presence and emotional investment are no longer necessary" (p. 119). In these observations, as elsewhere in the book, Furman is able to focus on the critical role of bodily experiences in organizing and propelling early development, at the same time that the equally essential role of caregiving relationships and internal representations is fully emphasized.

Furman's treatment of these vivid and lucid observations would have been strengthened if she had broadened her conceptual base to include, even peripherally, perspectives from outside classical ego psychology, such as object relations theories, self psychology, and current developmental observational research. Although there

is some treatment of Winnicott's theories about transitional objects in toddlerhood, key workers, including Bowlby, Kohut, and Melanie Klein are not cited, and Mahler is mentioned relatively infrequently, if admiringly. Infant observation research, including attachment research, is generally criticized on the rare occasions when it is noted (e.g., pp. 211, 347); Furman argues that such developmental research creates such distress in mothers and toddlers as to be invalid. In my opinion, a broader synthesis of various perspectives and research approaches is possible,¹ and Furman's position tends toward an unnecessary conceptual foreshortening which may reinforce the common misconception that psychoanalytic-developmental ego psychology is constricting, rather than the extraordinary template for empathy and insight that it actually is.

A final section delineates various issues involved in coordinating and disseminating research in the surrounding communities. Along with the descriptions of an active community education program and the course outlines that are included in the appendix, this section demonstrates how the attention to intrapsychic and relationship dynamics that characterizes both the clinical and research approaches of the Toddler Group is extended to its interaction with the environments in which it functions and to which it contributes. Here, as throughout the book, there is an impressive straightforwardness and clarity that gives a glimpse of how Furman and her colleagues conduct themselves both within and outside of their own particular clinical base.

Toddlers and Their Mothers is a formidable contribution by one of the leading practitioners of the developmental ego psychological tradition of child psychoanalysis developed by Anna Freud and her followers—a tradition that has shaped American child psychoanalysis. It exemplifies that approach's profound and disciplined clinical engagement and observational rigor, including the unparalleled elegance and comprehensiveness of the Profile. As new currents, like object relations, self psychology, and intersubjectivist theories, are now making their way to the center of the American analytic arena, there are many understandable reasons why they would sweep by the Hampstead tradition; these include the force of

¹ Seligman, S. (1993): Infant observation and psychoanalytic theory. *Psychoanal. Q.*, 62:274-278.

the newer ideas and the unnecessary rigidities of the classical approach. *Toddlers and Their Mothers* stands as a vivid demonstration of why even the most contemporary clinicians should pay homage to the Hampstead tradition rather than overlook it.

STEPHEN SELIGMAN (SAN FRANCISCO)

HOW PSYCHOTHERAPY WORKS. PROCESS AND TECHNIQUE. By Joseph Weiss. Foreword by Harold Sampson, Ph.D. New York/London: Guilford Press, 1993. 224 pp.

This book is based on a theory of psychopathology and psychotherapy (sometimes called "Control-Mastery" theory) developed over the last thirty years by Joseph Weiss and tested for over twenty years through formal, systematic research carried out by Weiss, Harold Sampson, and other members of the San Francisco Psychotherapy Research Group. Today, over one hundred clinicians and researchers participate in the ongoing research and education activities of the Research Group.

In the landmark volume, *The Psychoanalytic Process*,¹ Weiss and his associates presented a bold, original theory of the therapeutic process, together with a review of the empirical research supporting the theory. Now, in *How Psychotherapy Works*, Weiss extends his theory and focuses less on research and more on its clinical applications and implications.

Control-Mastery Theory is a contemporary psychoanalytic model that views psychopathology as derived from pathogenic beliefs developed in childhood. This theory includes important revisions in psychoanalytic concepts about unconscious mental functioning, motivation, and psychopathology.

The volume is divided into three parts. Part I (The Technique of Psychotherapy: Theory and Practice) presents many case vignettes, along with a discussion of theory and technique to show the application of Weiss's theory to the practice of psychoanalysis and psychoanalytic psychotherapy. Part II (The History of Technique and Research in the Therapeutic Process) tells how Weiss's theory of the

¹ Weiss, J. & Sampson, H. (1986): *The Psychoanalytic Process: Theory, Clinical Observations, and Empirical Research*. New York: Guilford.

mind and technique were derived from Freud's later writings. It provides a chapter summarizing the research done by Weiss and his associates to test the hypotheses he has advanced. Part III (Overview) attempts to put the theory into perspective by comparing it with other theories and describing its distinctive features.

According to Weiss's theory, the patient's problems stem from disturbing, unconscious pathogenic ideas formed mainly in childhood as a result of traumatic experiences with parents, siblings, and other caregivers. Because pathogenic beliefs predict danger to self or others, to prevent these dangers, a person may renounce goals, institute defenses, and develop symptoms and inhibitions. Pathogenic beliefs impede functioning, diminish self-esteem, and block the individual who holds them from pursuing normal goals, such as to become happy or successful in love or work. Patients are powerfully motivated, both consciously and unconsciously, to disprove these pathogenic beliefs. Weiss conceptualizes the therapist's basic task as being one of helping the patient to disconfirm these pathogenic beliefs, particularly the unconscious pathogenic beliefs, and to help the patient pursue the conscious and unconscious goals which had been blocked by these overwhelmingly disturbing ideas and emotions.

Weiss and his associates assert the central role of the patient's unconscious plan in analytic treatment. The plan approach is based on a distinct theory and view of psychopathology, conceived by Weiss and validated through research. Formulating a patient's plan includes constructing four components: (a) a patient's goals (usually unconscious); (b) the patient's pathogenic beliefs, which are viewed as obstacles to achieving the goals; (c) the tests used by the patient for disconfirming or confirming the pathogenic beliefs in relation to the analyst; and (d) the insights the patient can use to disconfirm these beliefs. Interventions that assist patients in disconfirming their pathogenic beliefs and attaining their goals, are called pro-plan interventions, whereas interventions that inadvertently support unconscious pathogenic beliefs are called anti-plan interventions.

Weiss formulates one type of transference reaction as a process in which the patient unconsciously tests the analyst, and he demonstrates that how the analyst responds to these tests determines in large measure the outcome of the treatment. Patients attempt to

disconfirm their pathogenic beliefs by testing the therapist. In so doing, the patient unconsciously repeats with the analyst traumatic relationships with significant others, in the hope that the outcome of these interactions will be different than it was in childhood. In *passive into active testing*, the patient repeats a traumatic relationship but reverses the roles. Weiss provides some vignettes and clinical guidelines to demonstrate the practical value of his concept of testing.

Though this book, in my opinion, is superior to other works on process and technique, it is not as comprehensive as some others. There are a number of clinically relevant and important issues and topics not covered in this book. These include: the establishment and maintenance of a psychoanalytic frame, the ground rules of psychoanalytic treatment, the setting and collection of fees, the use of the couch, the indications for the concomitant use of psychotropic drugs, and a host of other issues regarding the conduct of psychoanalytic treatment.

The conceptual language and jargon used in so many psychoanalytic books makes them unsuitable for beginners. This is not so for this remarkably lucid and readable book. Even first-year psychiatric residents and others at comparable levels of training and experience will find this an exciting, useful, and eminently practical guide to understanding and treating their patients. In sum, this highly original book is recommended reading for mental health professionals at all levels of training.

THEO L. DORPAT (SEATTLE)

RAGE, POWER, AND AGGRESSION. Edited by Robert A. Glick, M.D. and Steven P. Roose, M.D. New Haven/London: Yale University Press, 1993. 269 pp.

This book is the second in a series from the Columbia University Center for Psychoanalytic Training and Research. It is a collection of thirteen papers by fifteen authors that represents an attempt to lend further clarity to our definitions and meanings of the so-called "negative" affects. In her introduction, Ethel Person highlights the

phylogenetic and ontogenetic functions aggression serves in the regulation of social interactions as well as in the regulation of self-esteem.

The papers explore hypotheses derived from the clinical situation with adults, child observation, brain sciences, ethology, political science, religion, and gender studies. This is a broad representation of vantage points to speculate on the origins, development, meanings, and manifold expressions of aggression.

Most of the writers take seriously their responsibility to define what they mean when they use terms like aggression, aggressive drive (derivatives), irritation, assertiveness, ambition, anger, rage, hate, hostility, sadomasochism, temper tantrums, and power, for example. And for good reasons. The meanings of most, if not all, of these words are not commonly shared. When it comes to the meanings of rage, one questions if qualifiers such as narcissistic rage and murderous rage are necessary.

The first section of the book studies aggression as observed in the clinical situation. The chapters contain contributions by Roy Schafer, Ethel Person, Helen Meyers, Otto Kernberg, Lucy LaFarge and Paul and Anna Ornstein.

In his paper, "Women in the Maze of Power and Rage," Schafer makes the important point that it is the responsibility of the author to clearly state his or her positions which shape the phenomena being reported, as well as the meanings and significance attributed to them. In the women he is describing, he brings into focus the interplay between experience and the work of unconscious mental processes. Prior to entering analysis, these women were lost in what he calls a maze of sadomasochism and omnipotent fantasies, while they identified with their cruel and demeaning persecutors. He discusses how his patients undergo change in their understanding of the part they play now in their own victimization, and he points out that this can be misunderstood by some people as blaming the victim.

In her paper, "Male Sexuality and Power," Person challenges the cultural stereotype that male sexuality is by nature aggressive. In her experience with patients, fearful fantasies of loss of control over the penis and the sexual object are of central concern to the male. They take prominence over aggression and are intimately con-

nected with castration anxiety. Sadism is no more the norm among men than masochism is the norm among women. She agrees with Horney that the dread of being neglected and ridiculed is a typical feature in the analysis of every man, no matter what the structure of his neurosis.

In Meyers's clinical experience there are, as her paper is titled, "Two Successful Characterologic Adaptations to Aggression." The first type is a two-step process that involves identifying with the aggressor and seducing the aggressor. The second type of adaptation she describes as defusion or detoxifying of aggression. Meyers views aggression as a continuum from destructive, to nondestructive, to adaptive forms.

"The Psychopathology of Hatred" is the title of Kernberg's paper. He defines hatred both as a complex affect derived from rage and as a primary affect itself which is at the core of the aggressive drive. He thinks of the aggressive and the libidinal drives as providing higher level motivational systems. He offers some interesting overviews about the treatment of patients who manifest severe psychopathology of aggression.

LaFarge proposes in her paper, "Early Determinants of Penis Envy," that fantasies and experiences of the early maternal relationships are enmeshed with the meanings of genital difference. The wish for a penis and the many meanings of not having one constitute a fantasy system linked with heightened aggression at both preoedipal and oedipal levels of development. LaFarge presents three clinical examples to show how differently the fantasied loss can be experienced and used as a defense against oedipal conflict.

The Ornsteins write about "Assertiveness, Anger, Rage, and Destructive Aggression: A Perspective from the Treatment Process." They make a distinction between what they call healthy aggression (self-assertiveness) and destructive aggression. Affects are seen by them only as independent motivational structures and not as being associated with drive derivatives. Expressions of aggression are described as disintegration products of a weak or weakened self, the weakened self being the result of not being engaged from an empathic position. This either/or approach is repeated in other parts of their paper. Their clinical examples are presented to indicate various meanings of anger, rage, and destructive aggression.

They make the important point that anger and other affects associated with aggression can serve as strong ties to the object.

The second section deals with aggression as observed in children and its role in their development. The two papers in this section are by Henri Parens and Michael Lewis.

In "Rage toward Self and Other in Early Childhood," Henri Parens gives an example of a temper tantrum in a thirty-eight-month-old boy. His observations and therapeutic intervention are models of clarity. He defines aggression as an instinctual drive which comprises three trends: nondestructive aggression, nonaffective destructiveness, and hostile destructiveness. The first two are inborn, and the third is generated by an excess of unpleasure. Following Freud's revisions, he notes that drives are influenced by experience and have their own development. He differentiates between rage reactions and temper tantrums, each having its own structure. I agree with his saying that no analysis can be sufficient without the analysis of the hostile, hateful transference.

Lewis writes about "The Development of Anger and Rage." In his view anger develops early and is the consequence of the frustration of goal-directed action. There are no "negative" features of anger, it being at base the organism's attempt to overcome obstacles. He then defines rage as the consequence of shame and as indicating a failure in the ability to maintain self-esteem. Several ways are offered to differentiate between anger and rage. Lewis extends his topic to child abuse, murder, and racism.

The third section contains contributions from the fields of anthropology, ethology, and neurobiology by Melvin Konner, Leonard Rosenblum, and Fred Ovsiew and Stuart Yudofsky. I found the three papers in this section, taken together, the most interesting of all the four sections.

Konner starts by separating out what he means by aggression in human and nonhuman animals in "Do We Need Enemies? The Origins and Consequences of Rage." He states that behavioral biology cannot offer an explanation for human violence but can give a general understanding of anger and violence. He describes causes of aggressive behavior and then presents eight propositions for a model of violent conflict. As the editors remark, Konner believes that it is human nature to be competitive, frustrated, afraid, violent, and in search of protection from danger and fear.

"Human Aggression: A Perspective Drawn from Nonhuman Primates" is by Rosenblum. He gives detail to the complex linkage between sex and aggression. He finds mythical the not uncommon belief that there is less restraint on the expression of sexuality in other than Western cultures and in nonhuman primates. In the latter there are seasonal variations in sexual activity as well as the very important variable of the availability of food. He presents a study of groups of bonnet macaque monkeys who have high, low, and variable foraging demands and the effects of these conditions on these animals, as seen in dominance, for example.

Ovsiew and Yudofsky present a unified neurobiological and psychosocial approach in "Aggression: A Neuropsychiatric Perspective." They offer evidence to indicate that notions of levels of organization in the brain have proved more durable than localization theories. They state that the concepts of centers of aggression, while seductive, are misleading. Much more empirical work is necessary before definite principles of the biological foundations of psychoanalysis can be determined. They argue that "these are not theoretical matters, to be decided on the basis of careful thought; they are empirical matters, to be decided on the basis of careful observation" (p. 226). In addressing contemporary arguments against the concept of drive, they say, "To argue that there is no aggressive drive because frustration is required to elicit it, makes no more sense than to argue that there is no feeding drive because hunger is required to elicit it" (p. 226).

The fourth section is entitled Historical and Political Expression and contains papers by Elaine Pagels and Kenneth W. Thompson.

In Pagels's paper, "The Rage of Angels," she notes cultural changes in the interpretations of rage, power, and aggression from the earlier Babylonian, Egyptian, and Greek religions to Judaism, Christianity, and Islam. Jews, Christians, and Muslims all demonize their opponents. She states that religious attitudes toward aggression shape a culture's attitudes and expressions of aggression in significant measure.

The geopolitical dimension of aggression is represented by Thompson's paper, "Power." He reviews historic attitudes toward power in Western cultures and thinks of power as the mediator between dreams and realities. He addresses the fact that human beings have always been their own most vexing problem and says

that the call for rationality in any objective sense is impossible because of the strength of passion. Power involves relationships, and power and love are interconnected because both have their roots in loneliness.

This collection holds together more cohesively than I thought it would at first glance. There is so much in it that probably most readers will find some things to agree with, to learn from, and to want to learn more about. What this book offers foremost, with its several viewpoints and models of aggression, is a challenge to the reader to think about his or her own ideas about aggression.

WILLIAM E. BERNSTEIN (DENVER, CO)

ON LOVING, HATING, AND LIVING WELL. THE PUBLIC PSYCHONALYTIC LECTURES OF RALPH R. GREENSON, M.D. Edited by Robert A. Nemiroff, M.D., Alan Sugarman, Ph.D. and Alvin Robbins, M.D. Madison, CT: International Universities Press, Inc., 1992. 359 pp.

This collection of Ralph Greenson's public lectures provides our generation of analysts and other interested readers with exposure to one of the most passionate and eloquent spokespersons for psychoanalysis. The book contains twenty-four lectures delivered by Greenson to lay audiences between the years 1955 and 1978. In addition, there is a brief biography of Greenson by the editors. Each lecture is preceded by an introduction indicating the place of the lecture in Greenson's life and work and in the cultural and social milieu in which it was delivered.

The chief value of this book lies in its providing an opportunity to experience the communicative power and conviction of one of our great clinical psychoanalysts and teachers. Greenson was a man who never failed to have a profound influence on those around him. He contributed to our analytic community as a theoretician, as a teacher, and as a clinician. Here, we have an opportunity to hear Greenson speaking to lay audiences about how psychoanalytic understanding illuminates what we know about people, relationships, culture, and many other important areas of human interest. There

are certain themes dear to Greenson which permeate these lectures. They include many of the ways neurotic inhibition robs life of its passion. Greenson repeatedly takes up the issues of apathy, boredom, superficiality in relationships, and the mind-numbing effects of substance abuse. He frequently vents his spleen against the imagination-crippling potential of television watching, apparently a pet peeve. His interest in the complexity of emotional involvement between analyst and patient was discussed in his technical writings as alliance and as multilayered relational issues. His lectures, however, provide a more general view of relationships as either passionately involving or avoided because of disinterest, apathy, and counterfeit relatedness. Another central theme in many of the lectures is Greenson's emphasis on the importance of aggression in intrapsychic life. He repeatedly addresses how human beings must learn to accept their aggressive nature and find suitable outlets for aggressive discharge. In "Hate in the Happy Family" (1970), he advocates the need to learn to fight as a prerequisite for intimacy, stressing the integral relationship between love and hate.

Many of Greenson's ideas about boredom, about counterfeit involvement, and about the restriction of passionate relatedness are interesting to consider in light of our subsequently expanded understanding of narcissistic character pathology. Greenson portrays such pathology within a more instinctual model than is common nowadays, yet many of his ideas are wholly compatible with self-psychological views of narcissistic difficulties.

Analysts reading this work will find the theoretical and clinical ideas familiar. What makes the book valuable is the passionate and evocative voice of a major psychoanalyst confidently emphasizing how psychoanalytic understanding can inform and improve our world, both personally and collectively. In our current climate of psychoanalytic pessimism and anxiety, this strong, committed, and clear spokesperson for our field urgently reminds us of what we have to offer. These lectures can be recommended to all lay audiences interested in the psychological life of human beings. They will move many analysts as well, reminding us of a period of psychoanalysis in its heyday and of one of our profession's heroes.

STEVEN T. LEVY (ATLANTA, GA)

THE LEGACY OF SÁNDOR FERENCZI. Edited by Lewis Aron and Adrienne Harris. Hillsdale, NJ/London: The Analytic Press, 1993. 294 pp.

Renewal of interest in Sándor Ferenczi's contributions to psychoanalysis has been occasioned by the translation into English and the ongoing publication of the Freud-Ferenczi letters. As a background for that correspondence, the editors of *The Legacy of Sándor Ferenczi* have given us a nicely organized compendium of well-written essays, covering many aspects of Ferenczi's personal and professional life. Their aim is to achieve a more balanced view of the Freud-Ferenczi controversy. They attempt to balance the negative reputation into which Ferenczi had fallen for decades among mainstream analysts by emphasizing the positive, salient contributions he made to analysis and refuting the damaging personal aspersions on his character which arose in the midst of his disputes with Freud in the final years of his life.

Ferenczi, who is considered by many to have been the warmest, most sensitively human and imaginative of the early psychoanalytic group surrounding Freud, was at the same time childlike, needy, and dependent on others for love and affection. He met Freud in 1908, and they established a close friendship. Over the years, Ferenczi became a pioneering analyst in his own right, writing important papers on analytic theory and technique. He was a founder of the Budapest Psychoanalytic Society and of The International Psycho-Analytical Association. He became the first professor of psychoanalysis at a university, conducted one of the first training analyses (that of Ernest Jones in 1913), and organized *The International Journal of Psycho-Analysis*.

Freud analyzed Ferenczi for a total of nine weeks in 1914 and 1916. Although he apparently did not resolve his negative transference or ambivalence toward Freud, Ferenczi continued to want more analysis. Freud turned him down, but Ferenczi attempted to continue the analysis through written correspondence with Freud. His own practice grew, and many of his analysands became influential throughout Europe and the United States, particularly in their focus on interpersonal relationships in analysis, the object relations school of thought, and the experiential use of countertransference in analytic technique. It was largely because of his use

of subjective technical innovations, the experiments with regression, active therapy, and eventually mutual analysis, that Freud distanced himself from Ferenczi. Freud felt that Ferenczi had gone too far with his experiments. Jones suggested that Ferenczi might have become psychotic at the end of his life, but others attributed his excesses to the pernicious anemia from which he died. However, Ferenczi did not abandon Freud or his discoveries. He stood by him in his splits with Jung, Adler, Stekel, and Rank. Even in the year of his death, 1933, he wrote to Freud advising him to travel to England with his daughter Anna and a few patients to avoid the threatening political situation in central Europe. He never stopped caring. The Freud family was unwilling to publish the Freud-Ferenczi correspondence in its entirety. It was only after the death of Anna Freud that it could be published together with Ferenczi's *Clinical Diary*, in 1985 in French and in 1988 in English.

How, then, can we evaluate this compendium of articles which provides an informative historical backdrop for the primary data of Ferenczi's contributions? It is a valuable, if not one-sided view of Ferenczi. All of the contributors are devotees of the relational schools of analytic thought. Classical drive theory and concepts of defense and of structural phenomena are not well represented here. The emphasis is overwhelmingly on Ferenczi's experiments with analytic technique. Action in analysis is viewed as essential to the reliving of experience, not just as resistance or defense. Ferenczi endorsed the utilization of what has subsequently become known as "enactments."¹ Regression is seen as a benefit for analysis, rather than a liability, a way to reach the child in the adult. The ideas of lines of developmental arrests and regression along developmental lines were introduced by Ferenczi. Working with patients whom we would today call "borderline," Ferenczi evolved his techniques of active therapy, relaxation, and indulgence, and ultimately mutual analysis. His ideas became more and more controversial, as actualization of transference/countertransference feelings and their utilization within the analysis were condoned and encour-

¹ Jacobs, T. J. (1986): On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:289-307.

McLaughlin, J. T. (1991): Clinical and theoretical aspects of enactment. *J. Amer. Psychoanal. Assn.*, 39:595-614.

aged. In spite of Ferenczi's being ostracized from the mainstream of psychoanalysis, the editors emphasize the importance of keeping alive his spirit of empirical experimentation.

The collection of papers is divided into four sections. The first, "Constructing and Reconstructing the Historical Record," is introduced by Judit Meszaros, who writes of Ferenczi's pre-analytic period, including his relationship with Miksa Schachter and his fascination with spiritism and ideas such as mental splitting. André Haynal focuses on the early excitement in the relationship between Freud and Ferenczi, the subsequent phasic distancing of Freud in the later years, and the influence Ferenczi had on his many followers—Balint, Winnicott, and Klein in England; Sullivan, Thompson, and others in the United States. One of the nodal points in evaluating Ferenczi was his triangular relationship with Gizella Pálos, a married woman who later became his wife, and her daughter, his analysand, Elma, with whom Ferenczi fell in love during her analysis. Axel Hoffer, in a commentary on Haynal's contribution, points out that Ferenczi himself warned that analysis reinflits the trauma of sexual abuse on previously traumatized analysands when they become sexually involved with their analyst. Ferenczi's acting out of his own sexual countertransference feelings would today be viewed both realistically and legally with far less neutrality than is evident in the pages of this book.

Freud advised Ferenczi not to marry Elma. Ferenczi subsequently married Gizella, but held Freud responsible for the fact that he could not have children or an adequate sexual life. Yet Arnold W. Rachman concludes that "there is no evidence that Ferenczi engaged in any direct sexual behavior with his patients. . . ." Rachman emphasizes Ferenczi's humanistic understanding in his treatment of homosexuality (the case of Rosa K.). Ferenczi felt that analysis could expand to the treatment of narcissistic, borderline, and psychotic conditions. However, his wishes to have his ideas on technique, which he presented in his "Confusion of Tongues" paper, accepted by Freud and mainstream analysts met with defeat. He became viewed increasingly as a dissident whose ideas were seen as preoedipal conceptualizations. Jones's opinion that Ferenczi had become psychotic is refuted, but the tragedy and trauma to all of psychoanalysis that arose at the end of Ferenczi's career are acknowledged.

Christopher Fortune evaluates a second nodal point, the mutual analysis of R.N. (Elizabeth Severn). This radical departure from analytic neutrality extended over an eight-year period beginning in the mid-1920's. This profoundly disturbed woman, who practiced psychotherapy herself, was able to convince Ferenczi not only to analyze her, but to let her analyze Ferenczi simultaneously. Ferenczi agreed, claiming to learn about many aspects of childhood sexual abuse, the dynamics of sexual trauma, regression, dissociation, and multiple personalities. The attempt at mutual analysis failed, leaving Ferenczi in a disturbed mental state. Freud called R.N. "Ferenczi's evil genius." Fortune's presentation is clear, but he does not emphasize enough the tragedy of the clinical experiment and the folly of such countertransference acting out. Kathleen Bacon and John Gedo complete the first section with the view that Ferenczi's writings deserve careful scrutiny in the context of the intellectual history of psychoanalysis. Many later theorists deepened his original ideas. Gedo's thesis is that Ferenczi's contributions were remarkable for the time in which he lived, lessons in the process of creativity in analysis. He elides the differences between Freud and Ferenczi on the basis of the greater degree of serious psychopathology in Ferenczi's patients.

Section 2, "Bridges, Émigrés, and Inheritors," traces Ferenczi's influence on the practices and institutions of analysts who further developed his ideas. Judith DuPont writes about Michael Balint and the object relationists. Included is a summary of Balint's work leading up to his last theoretical book, *The Basic Fault*. Balint's interest in forming groups to help general practitioners with psychotherapeutic techniques and his activity in representing Ferenczi's literary legacy are given due credit. Sue A. Shapiro introduces Clara Thompson and the interpersonalists. Thompson, together with Karen Horney, initiated the first wave of psychoanalytic feminism. Shapiro with her emphasis on women in analysis is not averse to recognizing that Thompson's own disturbed personal history limited her ability to carry Ferenczi's full message. Benjamin Wolstein extends the history of the interpersonal relationists to America and the Washington School of Psychiatry with its New York branch (later to become the William Alanson White Institute). For him, the incompatibility between Freud's metapsychology (interpretation) and Ferenczi's dialogue (experiential) remains unresolved. Erich

Fromm also claims to have been influenced by Ferenczi. Fromm's mostly theoretical writings reach out to socioeconomic, cultural, and religious factors which he believes take precedence over psychic ones. Marco Bacciagaluppi summarizes Fromm's wider context.

"Clinical Implications," the third section, presents a brief overview of the development and scope of Ferenczi's handling of transference/countertransference experiences. György Hidas writes of Ferenczi's interest in thought transference and telepathy. This preverbal connection between two persons is called "flowing over" or "flux," concepts which Imre Hermann thought of as precursors of projection. The editors themselves contribute a paper on Ferenczi's mutual analysis entitled "Abandoned Workings." They try to extract from Ferenczi's radical experimentation whatever precipitate of good might exist therein. They conclude that disclosure of the person of the analyst by the analyst to the patient brought about heightened naturalness, forthrightness, access to the repressed, increased self-esteem, and depth in relationships. They credit Ferenczi's bold and open thinking for their own rethinking of the very nature of the analytic relationship. This reviewer does not agree with their conclusion, and the reader might draw her or his own conclusions about mutual analysis.

Jay B. Frankel discusses collusion and intimacy in the analytic relationship. Both are seen as ways of active participation, allowing for intimacy and fostering analytic progress. Yet, neither is discussed as the acting out of countertransference feelings, only as a condoned movement away from analytic neutrality.

In the final paper Harold Stewart discusses aspects of malignant regression. Realistically, he points out that more severely disturbed patients may not be helped by privation and interpretation. Regressing and repeating may replace remembering and recollecting. Ferenczi's patients often suffered from such disturbances. His technique was aimed at dealing more effectively with such regression, encouraging his patients to regress to their original traumatic situation, then lowering the tension by encouraging relaxation. Even Ferenczi admitted that his technique of mutual analysis created immense problems. Eventually he realized that he would have to give up this technique. Formal regression in the interests of therapy was dropped from the armamentarium of most analysts. At the

end, Stewart makes note of two observations not heretofore sufficiently emphasized—the power of the destructiveness of regressed patients and the need for the analyst to maintain the limits and boundaries of the analytic setting.

In a short postscript, Lázló Benedek places Ferenczi's contributions, both personal and scientific, in a historical context. As leader of the Budapest school, Ferenczi left a coterie of followers, both in Hungary and throughout the Western world. His main additions to analytic technique and research are summarized. Credit is given to Ferenczi's accomplishments in the very process of creativity in psychoanalysis.

The balanced view that the editors wish to bring to Ferenczi's place in the history of psychoanalysis is achieved in only one sense: that is, that Ferenczi's contributions are seen in a positive context and are viewed from the perspective of what he did accomplish rather than where he went astray. Still, this collection of papers is more a defense of Ferenczi against external critics than a balanced overall view of the historical analytic scene. There is little if any representation of classical analytic positions. Exposition of drive theory, defense analysis, and structural theory are not to be found. Emphasis is on object relations, not on conflict. The place of interpretation, reconstruction, and working through is given short shrift. Mainstream analysts will have to wait for publication of the complete Freud-Ferenczi correspondence to better evaluate the truth that lies in each side's position.

S. WARREN SEIDES (NEW YORK)

THE PARADOXES OF DELUSION. WITTGENSTEIN, SCHREBER, AND THE SCHIZOPHRENIC MIND. By Louis A. Sass. Ithaca/London: Cornell University Press, 1994. 177 pp.

Starting with Freud's 1911 interpretation of Schreber's *Memoirs of My Nervous Illness*,¹ interpreters have been reading meanings into Schreber's text rather than from it. Thus Schreber was read, or misread, as illustrating preformed hermeneutic theories, formulas,

¹ Schreber, D. P. (1903): *Memoirs of My Nervous Illness*. Translated and edited by I. Macalpine & R. A. Hunter. Cambridge, MA: Harvard Univ. Press, 1988.

and prejudices. On the basis of fragments of the *Memoirs* rather than on the whole story of Schreber, the most disparate opinions were formed about Schreber's diagnosis and dynamics. Whereas a historically grounded and psychoanalytically informed longitudinal case study method is a requirement for a *clinical* understanding of Schreber, selective readings have been used to advantage as springboards for illustrating, or formulating, the most diverse theoretical constructions. For example, while Freud was ignorant of the specific historical circumstances of Schreber and admitted the possibility of error, he nevertheless found fertile ground in the *Memoirs* to adumbrate his theories of ego psychology, narcissism, and developmental dynamics.

Selectivity is also manifest in the latest reading of Schreber by Sass. This is his theory: in the philosophic system of Wittgenstein solipsism is a pivotal premise; solipsism is an explanation of schizophrenia; solipsism is an explanation of Schreber. The book is scholarly and well written; but its premise reflects an idiosyncratic approach to Wittgenstein, to schizophrenia, and to Schreber.

Sass addresses an artificially circumscribed facet of the multifaceted Schreber, and he admits to having taken "some liberties." On his own showing, Sass's method denies history and the longitudinal view of Schreber in favor of a dated, static, psychiatric phenomenology, promulgated by Jaspers in 1913 and superseded by the dynamic psychoanalytically inspired phenomenology of Ludwig Binswanger in 1942. This is turning the clock back, for history is indispensable as a method for studying biography in health and disease and is basic to psychiatry and psychoanalysis as scientific disciplines.

Since the publication of the *Memoirs*, the most glaring misreading of Schreber has been the diagnosis of Schreber's second illness, the heart of his narrative. Disregarding Schreber's self-diagnosis of melancholia, confirmed by later research,² Sass clings to schizophrenia. This strategy collapses due to Sass's equivocations about schizophrenia and solipsism. On the one hand, Sass wants to do away with the tyranny of diagnostic manuals, such as the DSM-III, and he repudiates the "medical" model of Jaspers. On the other

² Lothane, Z. (1992): *In Defense of Schreber: Soul Murder and Psychiatry*. Hillsdale, NJ/London: Analytic Press.

hand, he unabashedly espouses the “medical,” ahistorical, and organic essentialism of Jaspers’s follower, Schneider,³ using Schneider’s first rank symptoms as *the* criterion for clinching the diagnosis of schizophrenia.

However, DSM-III incorporates Schneider’s ideas only as one of six diagnostic criteria in group A, not as a defining criterion in itself. Schneider wanted to achieve a formal, objective, *phenomenological* description of the *condition*; he was not interested in either the *course* of the condition, a matter of paramount importance to Kraepelin, or in understanding the *content* of the utterances, which is of paramount importance to dynamic psychiatry. This is a boon to Sass, because he focuses “only [on] certain formal or structural features” (p. 118) of Schreber, and because he does not like the “Freudian . . . self-perpetuating mania for explanation” (p. 107). Most of the first rank symptoms, developed by Schneider to sharpen the differential diagnosis of schizophrenia and cyclothymia (that is, depression) do not fit Schreber. Thus Schneider stresses ideas of reference in “delusional perception” and “delusional notions,” but admits that these are not “impeccable criteria.”⁴ In the end, Schneider admits that at times such first rank symptoms may be missing altogether, at which time the clinician has to make do with second rank symptoms, not mentioned by Sass. As Schneider says, “by no means *all* hallucinations are of first rank importance . . . [there are] other hallucinations, delusional notions, perplexity, depressed and elated moods, experience of flattened feeling, and so on. If only symptoms of this order are present, diagnosis will have to depend wholly on the *coherence of the total clinical picture*.”⁵ I fully concur. I strongly disagree with Sass’s assertion that “if schizophrenia is the prototypical madness, [Schreber is] the prototypical madman” (p. 6): Schreber is no more the prototypical madman than he is the prototypical repressed homosexual he was for Freud, or the prototypical anything. For that matter, nobody is prototypical; everybody is a unique historical individual, except in abstractions of theorists, for a prototype means an ideal type, or model. Not only was Schreber’s psychosis

³ Schneider, K. (1959): *Clinical Psychopathology*. New York: Grune & Stratton.

⁴ Schneider, p. 114.

⁵ Schneider, p. 134, second emphasis added.

not prototypical, it was highly *atypical* for schizophrenia (Lothane, footnote 2). Indeed, the typical schizophrenic could not have written a masterpiece such as the *Memoirs*.

As to Wittgenstein, who described “the sickness of understanding” of philosophers caused by their “predilection for abstraction and alienation—for detachment from body, world, and community,” I doubt that this sickness has “a great deal in common with the symptoms displayed by Schreber and many other mental patients with schizophrenia or related forms of illness,” or that “Wittgenstein’s critical reflections on philosophy can, in fact, provide us with insight into . . . insanity and . . . delusions” (p. x). I also doubt that “solipsism was a recurrent, perhaps even an obsessional concern of Wittgenstein’s . . . of his antiphilosophizing,” and that such solipsism corresponds to “the experiences of such insane patients as Schreber” (p. 9).

Similarly, solipsism is of little help when applied to Schreber’s delusions. Pleading for a more humanistic attitude toward delusion, away from the rigid definition as false belief, Sass rightly claims that “Schreber does not generally experience his delusions as being literally true but, rather, as having a certain ‘subjectivized’ quality . . . strikingly reminiscent of the philosophical doctrine of solipsism” (p. 8). But this pleading is fatal to his argument about Schreber’s “schizophrenia” as solipsism. Sass’s last-ditch effort to rescue the situation by invoking a watered down solipsism he calls pseudo-solipsism, “an attitude of isolation, withdrawal, and hyper-concentration” (p. 153), is also unconvincing. Far from being a solipsist, Schreber was both firmly planted in reality and a highly imaginative dreamer while wide awake, whose dreams have enriched us all.

ZVI LOTHANE (NEW YORK)

ESSENTIAL PAPERS ON TRANSFERENCE. Edited by Aaron H. Esman, M.D. New York/London: New York University Press, 1990. 540 pp.

In a recent seminar at our psychoanalytic institute, there was marked diversity of opinion regarding both the meaning and function of transference. Fewer than half the candidates saw any value in attending to “historical reality,” and many viewed transference

more as a “creation” than a “discovery.” I suspect their views were representative of divergences within the current psychoanalytic community.

I thus looked to Aaron Esman’s *Essential Papers on Transference*, a collection of twenty-nine papers spanning the history of psychoanalytic writing, for clues to how our concepts of transference have evolved (or at least changed) over the past century and whether there is reason to believe that, as analysts, we remain brothers (or sisters) under the skin.

Freud initially viewed transference as a resistance phenomenon that interfered with the recollection of early traumatic events, which, in turn, “constituted the true essence of the psychoanalytic process.” Later, he began to regard the transference as something unique within the analytic relationship, a new mental structure, created within the psychoanalytic situation, and he saw the “transference neurosis—a new edition of the infantile experience” as essential to analytic cure.

A number of themes have recurred since Freud’s work: Do transference phenomena result especially from the analytic situation or are they omnipresent in all human relations? Do transference phenomena originate in earlier experiences or may they be created, *de novo*, in the analytic situation? Are transference interpretations different from other interpretations in kind or only in degree? Finally, are all patients’ reactions to the analyst to be viewed as transference or is there an independent, “real,” non-neurotic relationship or “working alliance”?

The earlier analysts were more alike than dissimilar in their view of transference, rooting the transference phenomenon in early life experience and emphasizing its repetitive nature.

Ferenczi in 1909 emphasized that “transferences are *reimpressions and reproductions* of the emotions and phantasies that have to be awakened and brought into consciousness during the progress of the analysis, and are characterized by the *replacement of a former person* by the physician.”

In 1936 Anna Freud defined transference as “all those impulses experienced by the patient in his relation with the analyst which are not newly created by the objective analytic situation but have their source in early . . . objective relations and are now *merely revived* under the influence of the repetition-compulsion.”

Phyllis Greenacre in 1954 emphasized the *automatic* nature of the transference: "If two people are repeatedly alone together some sort of emotional bond will develop between them. . . . The speed and intensity of this development will be enhanced by the frequency of the periods in each other's company."

Elizabeth Zetzel in 1956 emphasized the continued importance of and reliance upon early object relations as crucial to the development of transference, however disturbed by primitive unresolved conflicts; i.e., fundamentally a (distorted) repetition.

In 1965 Ralph Greenson in explicating the notion of "working alliance," noted that transference consists of "feelings, drives, attitudes, fantasies and defenses toward a person in the present which are *inappropriate to that person* and are a repetition, a displacement, of reactions originating in regard to significant persons of early childhood." The working alliance refers to the "relatively non-neurotic, rational rapport which the patient has with his analyst. . . . The working alliance is a relatively rational, desexualized, and deaggressivized *transference* [italics added] phenomenon. Patients must have been able to perform such sublimated, aim-inhibited relations in their outside life. . . ."

Brenner in 1979 dismissed both Zetzel and Greenson, suggesting that both "therapeutic alliance" and "working alliance" are *aspects* of the transference, which he viewed as "*a recapitulation of the very early relations between mother and infant.*" He noted that the clinical material offered by both authors suggested "that when . . . the analysis (has reached) an impasse, correct understanding of unconscious transference wishes, and correct interpretation to the patient based on that understanding may resolve the seeming impasse and make cooperation and further progress possible."

Melanie Klein in 1952 agreed that "transference originates in the same processes which in the earliest stages determine object-relations."

Janet Rioch in 1943, representing the Sullivanian school, noted that "Freud gives the impression that under the stress of the repetition-compulsion the patient is bound to repeat the identical pattern (in analysis), regardless of the other person. . . . It is my conviction that the transference is a strictly (interpersonal) experience . . . that the personality of the analyst tends to determine the character of the transference. . . . In my view, the transference is

... experiencing in the analytic situation the *entire pattern* [italics added] of the original [object relationships] which included at every moment the relationship of the patient to himself, to the important persons, and to others, as he experienced them at that time, in the light of his interrelationships with the important people." This paper, which I had not read previously, is subtly, but importantly revisionistic in three different, but related ways. First, what is *transferred* is a more loosely defined psychological gestalt of early experience, rather than more specific experiences. Second, greater attention is placed on the personality of the analyst as *determinative* of the specific nature of the transference. Finally, in a significant "revision" of a traditional psychoanalytic concept preceding Arnold Cooper by forty-five years: "The therapeutic aim in this process is not to uncover childhood memories which will then lend themselves to analytic interpretation. . . . What is curative in the process is that in tending to reconstruct with the analyst that atmosphere which obtained in childhood, the patient actually achieves something new. He discovers that part of himself which had to be repressed at the time of the original experience." The last two sentences suggest at least a portion of our contemporary dilemma regarding interpretation: are they *constructions* or *reconstructions*?

Roy Schafer in 1977 extended Rioch's notion that the transference is more than repetition, however revised and modulated. "On the one hand, transference love is sheerly repetitive, merely a new edition of the old, artificial and regressive . . . to be dealt with chiefly by translating it back into its infantile terms. . . . On the other hand, transference is a piece of real life that is adapted to the analytic purpose, a transitional state of a provisional character that is a means to a rational end and as genuine as normal love." Schafer noted that a transference repetition is not a literal repetition, *but becomes a repetition only with the assistance of interpretation* or redescription which, in itself, must be regarded "as a simplification of what is said to be going on. . . . The major transference phenomena represent the achievement of . . . simplified, focused ways of defining and acting within the analytic relationship. . . . Allowing that these transferences and 'remembered' experiences come into existence over a period of time, nothing that is identical with them has ever before been enacted, and nothing identical with them will ever be enacted again. . . . Words like re-creating, re-experiencing and

reliving simply do not do justice to the phenomena. . . . In steadfastly and perspicaciously making transference interpretations, the analyst helps constitute new modes of experience and new experiences. Unlike extraanalytic transferences, they can no longer be sheerly repetitive or merely new editions. Instead, they become repetitive new editions understood as such because defined as such by the simplifying and steadfast transference interpretations. . . .” Schafer summarized the point in his conclusion: “It is wrong to think that interpretation deals only in what is concealed or disguised. . . . It cannot be the case that ‘the unconscious’ knows all about transference and repetition. . . . interpretation creates new meanings or new actions. Not everything that has not yet been organized has been actively kept apart by defensive measures; not everything that has not yet been recognized has been denied. This point is obvious. . . .”

In 1971 Hans Loewald added to the revisionist camp. He noted that transference “defines the analytic process as an active, preconscious-conscious repetition of early pathognomonic experiences and their intrapsychic pathological vicissitudes, in the interest and as a method of mastering and resolving them in new ways. . . .” Nevertheless, “transference neurosis is not so much an entity to be found in the patient, but an operational concept. We may regard it as denoting the retransformation of a psychic illness which originated in pathogenic interactions with the important persons in the child’s environment, into an interactional process with a new person, the analyst, in which the pathological infantile interactions and their intrapsychic consequences may become transparent and accessible to change by virtue of the analyst’s objectivity and of the emergence of novel interaction-possibilities. . . . Understood in this light, *the transference neurosis is indeed a creature of the analytic situation* and not simply a repeat performance or continuation of the old illness. . . .

Otto F. Kernberg in 1987 indicated that “the analysis of drive derivatives occurs in the context of the analysis of the relations of the patient’s infantile self to significant parental objects as projected on to the analyst.” In terms of technique, “the patient’s free associations will lead to the emergence in the transference of past internalized object relations superimposed on the actual interactions of patient and analyst.” Kernberg emphasized that “what is enacted

in the transference is never a simple repetition of the patient's actual past experiences [but] a combination of real and fantasied experiences of the past, and defense against both. This is another way of stating that the relations between psychic reality and objective reality always remain ambiguous. . . ."

Two of the more modern articles sufficiently represent the current polarities in psychoanalytic thought.

Brian Bird presented the more traditional view in 1972. "By the time the patient comes to analysis, his neurosis has moved a long way from where it began. Not only will it have gone through many changes and phases but, in all likelihood, it will have established itself as a rather fixed, walled-off, and independent institution. . . . the only force powerful enough to bring the constituents of this encapsulated structure back in to the mainstream of the patient's mental functioning seems to be the *transference neurosis* [italics added] . . . a new addition of a patient's original neurosis, but with me in it . . . created . . . by the patient's shifting *certain elements* of his neurosis onto me. In this way he replaces *in his neurosis* mental representations of a past person, say his father, with mental representations of me. . . ." Bird noted that the transference neurosis is not always accessible but that "persistent and effective handling of daily transference reactions . . . sets the stage for the appearance of episodes of transference neurosis. These may be short or long, clamorous or silent, but, in whatever way they appear, they will provide an opportunity to carry analysis the further step that does promise to reach the patient as nothing else can. It is this further step, however, which because it is the hardest part of analysis, may never be taken."

The last, and perhaps most controversial, paper is by Arnold M. Cooper. In 1987 he distinguished between two concepts of the transference relationship. "The first idea, close to Freud, is that the transference is an enactment of an earlier relationship, and that the task of transference interpretation is to gain insight into the ways that the early infantile relationships are distorting or disturbing the relationship to the analyst. . . ." Cooper referred to this as the *historical* model of transference as contrasted with a *modernist* model which "regards the transference as a *new experience rather than an enactment of an old one*. There are differences in the conceptualization of the ideas of transferences, the role of interpretation and the

notion of reconstruction. The purpose of transference interpretation is to bring to consciousness all aspects of this new experience including its colorings from the past." In the former view transference interpretations provide "in the transference neurosis for the patient to reexperience and undo the . . . neurotogenic early history." In the "modernist" view transference interpretation helps "the patient see, in the intensity of the transference, the aims, character, and mode of his current wishes and expectations as influenced by the past." There are further differences, more substantive. In the historical view the "infantile neurosis" [is] a 'fact' of central importance for the analytic work, to be uncovered and undone." The modernist view, however, regards the infantile neurosis, if acknowledged at all, as an unprivileged set of current fantasies rather than historical fact. The historical concept of the transference neurosis as a "distinct phenomenon that develops during the analysis as a consequence of the expression of resistance to drive-derived aims that are aroused toward the analyst" is replaced in the modernist view by "object-relational ideas of development," in which the specific idea of a transference neurosis is blurred "in favor of viewing all transference responses as reflecting shifting self- and object representations as they are affected by the changing analytic relationships. . . ." The modernist view holds the analyst as a more "active participant, a regulator of the analytic process, whose personal characteristics powerfully influence the content and shape of the transference behaviors, and who will himself be changed in the course of the treatment." There is a de-emphasis of reconstruction and an increased emphasis on the analyst as a *new* emotional and behavioral regulator.

Cooper glides seamlessly along, citing Kermode, Ricoeur, and Spence, and arriving at a more or less hermeneutic perspective, relinquishing a search for historical truth and remaining satisfied with the task of construction instead of the more difficult task of reconstruction. Transference becomes "an activity . . . a kind of adventure from which the two individuals emerge changed and renewed." The clinical vignette offered by Cooper to illustrate his perspective appears to be completely compatible with the "historical" perspective and hardly cries out for a *modernistic* approach. While giving obeisance to the historical view of transference interpretation, Cooper maintains that "the modernist version . . . urges

us towards a richer and more inclusive understanding of the transference events." One might wonder how? "The patient is changing, indeed, in response to the analyst's transference interpretations; but she is changing in the course of a *relationship* with the analyst. . . . Her expectations of me have changed. We have attained better empathic contact. It is here that what I refer to earlier as the 'romantic' and intersubjective emphasis of the modernist view becomes apparent, in the effort of two people to connect effectively" In addition, "the modernist view also stresses the openendedness of the analytic situation. The new experiences of the interpretations and the facilitating environment of the analysis force significant alterations of internal representations, structures, and conflicts. . . ."

Where does one emerge after this reappraisal of the concept of transference and its development? Frankly, I feel much like I felt after reading St. Augustine's and St. Thomas's proofs of the existence of God. The appeals are likely to have greatest meaning to those who already believe.

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INTIMATE COMMUNICATIONS. EROTICS AND THE STUDY OF CULTURE.

By Gilbert Herdt and Robert J. Stoller. New York/Oxford: Columbia University Press, 1990. 467 pp.

It has taken me nearly two years to muster the courage to write a review of this book. Call it resistance. Nothing prepared me for this book, for it is not only about culture and intimacy; it is a profoundly intimate book. It forced me to face what anthropology and psychoanalysis are ultimately about—and what life is all about, too. I simply could not assimilate the work at first. The words I could come up with to begin a "review" were at best trite. They were defenses against the book's core. At least I knew *that*. I read it many times and made copious notes, but none of them amounted even to a beginning of a review. I knew only that I was not ready. I could not force the review or "will" it until its time.

One may, presumably, need to grow into a book just as one must often grow into a piece of music. Thirty years ago I had the same experience when I first read Erik Erikson's *Insight and Responsibility*: I could affirm the ideas in the abstract, but not in the flesh of my

unconscious. Likewise, it would have been easy to “review” Herdt and Stoller’s book from the outside—and thereby violate its spirit entirely; it is emotionally daunting to try to describe and evoke it from within. The book is disarmingly penetrable. The jargon-free vulnerability and directness are at once refreshing and terrifying. The authors, who do not hide from their subject, give the reader nowhere to hide. I was the one who was impenetrable (impermeable in all psychoanalytic senses of the term) until I could finally yield without anxiety to the subject and to the way Herdt and Stoller so undefensively handled it.

Manifestly about erotics and culture, *Intimate Communications* is, in fact, about Eros and human life. It is also the final work in the decade-and-a-half collaboration between anthropologist Herdt and psychoanalyst Stoller, both eminent researchers and scholars of gender and sexual experience who more specifically sought to understand Sambia “ritualized homosexuality” in initiating boys to adulthood. Stoller was killed in a car accident in September 1991. The book is now a memorial to one of the most fruitful friendships between psychoanalysts and anthropologists. Ostensibly a document about the Sambia of New Guinea, about whom the authors had published much, it is a poignant metaphor of and testimony to the close, abiding relationship, mentorship, and mutual influence between Herdt and Stoller.

If this book is about what interdisciplinary work can promise, it is also about culture as experience (never merely as impersonal, disembodied form), one person in relationship with others. At first glance, the book reads more like the densely written, overflowing-with-ideas sketchbooks Beethoven carried around with him than like a completed score of a symphony or quartet. But that is an error. Once the reader allows himself or herself to abandon expectations about how a book on intimacy should be narrated, how it should unfold, this book takes the reader closer to the lived intersubjectivity of human sexuality, and of all culture, than do most “polished” documents. This is very much a process-book rather than a product-book. It literally shows the two authors thinking aloud about the method of “clinical ethnography” (the person-centered, case approach), about “erotics” (the study of sexual excitement), and even about the psychodynamic process involved in “editing” a book for publication.

If Herdt and Stoller breathe life into human sexuality, they equally breathe life into all culture studies. Their style is admittedly experiential and experimental. Throughout, Herdt's sections and parts of the dialogue are indicated by "H," Stoller's by "S." In many places the book reads as if it were a play or an opera. The reader is privileged to sit in on two men having a conversation about their life-work; on actual field interviews between Stoller, Herdt, or both, and a Sambian, preceded and followed by a discussion between them about the individual's biography and interview.

In the aesthetics of literature, it deserves to be paired and read together with George Devereux's *From Anxiety to Method in the Behavioral Sciences* (Paris/The Hague: Mouton, 1967). Devereux is the great describer, anatomist, taxonomist, and encyclopedist of countertransference in fieldwork; Herdt and Stoller are now, in complementary fashion, the great *evokers* of the distortive and illuminating capacity of all human intersubjectivity.

Now, "intimacy" is one of those words that rarely appears in anthropological or psychoanalytic literature—either because it is too easily sentimentalized or because it is just too close for comfort. Odd that anthropology and psychoanalysis alike, whose subject is, after all, the human animal, phylogenetically and ontogenetically, should so doggedly shy away from human gender and sexuality as experience and behavior—that this book should be exception rather than rule. Anthropology has for a century been rich on kinship structure, gender rules, theories of marriage and incest, and symbolic equations about sexuality, and impoverished on love and hate, and the sexual intimacy of real persons.

The book is divided into three parts: (1) an introduction to clinical ethnography and Sambia sexual culture; (2) interviewing approaches, interviews, and the interviewer's discomfort; and (3) conclusions about a clinical ethnography of Sambia culture and gender. It is based on Herdt's long-term fieldwork in the 1970's and 1980's, and on a ten-day field visit Stoller made to the Sambia village of Nilangu in 1979. The introductions and conclusions were completed between 1985 and 1987, while the biographic sketches on which the case studies were based were written between 1979 and 1982. "Culture, gender identity, and erotics are our primary concerns; the Sambia of New Guinea provide our database" (H, p. 2).

The method brings countertransference to the center of inquiry: "For studying human behavior, the primary instrument is not laboratory equipment, or random samples, or animals, or computers, but the researcher—ethnographer, psychologist, psychoanalyst, sociologist, or whatever" (H, p. 6). This is an ostinato that continues through the Appendix: "the failure of our kind of researchers to admit that *they* are the primary instrument, which puts them splat in the middle of the field to be examined" (S, p. 400). "The difficulty is that the object of reflection—culture—and the lens of reflection—the ethnographer—must be revealed within the same text . . ." (H, p. 388). The methodological goal of ethnographic exploration and of an ethnography of supervision is "to be free enough inside ourself to listen so well that we finally hear. Then, when we are with others, we shall be allowed to begin to experience what they know and, beyond that, what they dare not know they know" (S, p. 394).

When we have it, our interpreters—the ethnographer's subjects and the therapist's patients—are no less able to sense this openness than can our friends. The resulting mutuality will be fine, the beginning of the end of hatred—the refusal to listen—that still poisons most human endeavors. Including anthropology and psychoanalysis (S, p. 394).

"At the heart of this book [realized in print on page 400!] is the idea that 'the data' are in an unending state of change from the instant they first pass into the researcher's mind (that is, are perceived) until, transformed by writing and publishing, the reader incorporates them. Since a search for accuracy—for even a truth—can be disrupted at *any* step in the process, we want *all* to be legitimized as methodology" (S, p. 400).

Clinical ethnography is a subset and more precise form of participant observation. "Clinical ethnographies are reports that study the subjectivity of the researcher and the people who inform him or her" (H, p. 29). Further, "The cross-cultural study of subjectivity—a major aim of clinical ethnography—describes, interprets, and compares the ways people express feelings, beliefs, and motives. 'Clinical' is meant to represent our interest in these processes—intimate communication, subjective meanings of self, others, cultural ideas and institutions, identity, and culturally patterned states of awareness" (H, p. 30).

Poignancy and artistic subtlety everywhere characterize their ac-

counts and interpretations of Sambia erotics. Permit me a single example. Herdt is describing Kalutwo, a shaman, in "Portrait of a Misfit," an adult whose aberrance lies in his exclusive homosexual behavior and his rumored desire to fellate prepubescent boys (p. 284). While never saying the words "metapsychology" or "object relations," Herdt hints at them in his introduction to the story of Kalutwo's erotic reversal:

This chapter in many respects is about how K. communicated with me, how he wanted me. Not "wanted" in an erotic sense but rather a complex of needs he had—unmet by anyone else—that he came to recognize through me and then to need more. Needs like understanding, compassion, someone to talk to, someone to get sympathy from—approval that he was socially recognized and valuable because Gilbert spent hours talking with him. . . . [T]hese needs were met only by revealing secrets and allowing me to ask questions that were sometimes unbearable for him (H, p. 285).

It is only via the intimacy of his relationship with Herdt that Kalutwo could disclose his erotic feelings. This intimacy now *contains* (in Bion's sense) and becomes an inextricable part of the content Kalutwo disclosed. The needs Kalutwo recognized and found fulfilled in Herdt are part of the tender, emphatic side of human psychosexuality. Surely part of good-enough erotic "wanting" lies in the nurturing Kalutwo had come to expect from Herdt (libidinal object constancy from a fieldworker!). If this "wanting" is not, strictly speaking, erotics, it is surely one of the faces of Eros.

I have but a single criticism of the book: I miss the name and literature of Donald Winnicott. Still, the spirit of playfulness and of "potential space" permeates every page of this work. Herdt and Stoller, each with his Sambia interviewees and friends, were the "holding environment" in which the book took shape as idea and as task. The book is, in fact, a giant Winnicottian "squiggle" drawn by Stoller, Herdt, and their many Sambian collaborators. It deserves to be a classic that transcends the boundaries of every field it touches.

Psychoanalysts are fond of reminding us all that things are rarely what they seem, what people declare them to be. This holds for books, too, even books by analysts and those analytically inclined. If there is no "source of the Nile," no ultimate and complete rendering of the unconscious, there is at least the unexpected pleasure of an even fuller account than meets the eye. As I read *Intimate Communications* I kept bumping into the feeling that I was in the pres-

ence of a warm, respectful, *intimate* friendship between Herdt and Stoller—two men in a late twentieth century America mistrustful of such closeness between male colleagues—as much as I was in the presence of, say, longitudinal supervision, the Sambia of New Guinea, and ethnographic writing and publishing. If this book is the result of much labor, it is intrinsically a labor of love—for those “studied” and between the two students themselves. This is the “meta”-level of understanding from which all else flows.

The thoughtfulness and the style stretch our very vocabulary about what we thought we knew about methodology, about culture, about erotics. Concepts such as “aim inhibited,” “sublimation,” or “object relatedness” become shadows—even useful shadows—of yet more elusive, fundamental human realities, ones that Herdt and Stoller make palpable. Rarely when I read a book in either of their fields do I feel so immense a personal presence, a sense of grace, a profound gratitude. My own resistance is now transparent: the personal and working relationship between Herdt and Stoller that underlies the book represents the realization of nothing less than my own longing!

It is perhaps less my idealization than understatement to say that the book simply glows from beginning to end. If I commend it to psychoanalysts and to anthropologists, I really mean to commend it to anyone who cares about the human animal and about the elusive nature of understanding.

HOWARD F. STEIN (OKLAHOMA CITY)

THE KNOT. By Alice Jones. Cambridge, MA: Alicejamesbooks, 1992. 62 pp.

Alice Jones, poet, psychiatrist, and affiliate member of the San Francisco Psychoanalytic Institute, has written a first book of poems that will interest not only the general reader but may have a special appeal for the psychoanalyst as well. The book, dealing, among other things, with death and development and how they influence each other, focuses not only on mourning and its sublimatory expression in the creative act, but more concretely, for instance, on how the cadaver and its dissection in medical school can become “content” for poetic “working through” if the mind does not close

the doors of awareness on it too defensively. While the knot of the title is an embryological reference,

The complex knot of the heart grew from
those two cells
buried in a deep-sunken chamber of her
body,

conflict is the knot at the core of this book that poetic discourse attempts to unravel. The unraveling can be perilous and painful.

When Alice Jones compares the skin of her friend Peter who is dying of AIDS to “fallen dough that won’t rise,” the metaphor hurts. It is meant to hurt. In a world numb with too much suffering, a simple kitchen image can jolt the mind out of its complacency. “Fallen dough,” dislocated from its usual culinary context and pushed into new linguistic usage as a symbol of “the way of all flesh” in general, and one man’s suffering in particular, has a shock value that makes one reconsider the fragile biological recipe that is skin in the first place, not to mention all the other components of flesh and blood, bone and dream, that make humans *human*. A simple metaphor packs a powerful poetic punch! Can it pry open all psychological knots? Of course not. But as long as poets and psychoanalysts try to unravel the complexities of human experience, the terror and the beauty, they will hold a fascination for each other and share notes from time to time, if not technique.

Poetry has always been of interest to psychoanalysts, since the poet in her or his aesthetic spadework often stumbles on a piece of psychological ore that might take years to be uncovered in a consulting room. Freud was a master at taking the royal road no matter where he found it, dream or poem equally functional for him as he sought to chart the geography of the unconscious. If Freud was primarily interested in the language of the unconscious, the poet is fascinated with language in all its manifestations and latencies, its current meanings as well as all its etymological original meanings and all the shifts of meaning in between.

One of the remarkable things about great poetry is that the presentation of sorrow, captured in a skein of words, is not only *representation* but *transcendence* also, a defiant fistful of words flung in the face of the indifferent gods of nature. When in *The Book of Songs* the anonymous Chinese poet cries out, “sorrow clings to me like an unwashed dress,” or when, in the eighteenth century Gaelic “La-

ment for Art O'Leary," the poet Eibhlin Dubh O'Connell, finding her husband killed on the roadside for not selling his horse for five pounds as the law demanded, cries out, "your heart's blood was still flowing/I did not stay to wipe it/but filled my hands and drank it," or when in *The Knot* Alice Jones cries out,

I'll watch you die
your one death . . .

You loved that scene in *Potemkin*,
the carriage rocking down steps
a flight of its own, a motherless,
driverless baby tumbling down
through history. Was it like that,
to leave your body, to fall away
who knows where, to leave a white carcass
on the unwatched tundra of those sheets?

is the existential assault and battery of death not civilized a little by the dignity and daring of the poetic enterprise?

If civilization begins with the renunciation of instinct as Freud soberly and somewhat bluntly taught us, surely it flourishes when the human being in the grip of tragedy turns sorrow into song.

Alice Jones ends her book invoking Hopkin's plea that God would send rain to his withered poetic roots. In her prayer she appeals for similar aesthetic nourishment.

Send rain, down to the knots and whorls
where memory continues to pile its thick layers,
sloughs surface, and roots reach into
that grey ground where my neurons grow sparse
and leached soil sprouts nothing new.

Send rain.

Every poet and psychoanalyst, reading this first book of astute, affect-ridden poems, will want this prayer not to go unanswered.

EUGENE J. MAHON (NEW YORK)

PERSPECTIVES ON CREATIVITY: THE BIOGRAPHICAL METHOD. By John E. Gedo, M.D. and Mary M. Gedo, Ph.D. Norwood, NJ: Ablex Publishing Corporation, 1992. 209 pp.

This volume, part of a monograph series sponsored by the *Creativity Research Journal*, explores the role of psychological biography in

creativity research. It is co-authored by the psychoanalyst, John E. Gedo, and Mary M. Gedo, an art historian. In their Preface, the authors argue that the field of biography lacks "secure methodological guidelines." Their principal goal is to fill this void (p. vii). The authors envision their book as a methodological sampler that draws on their respective researches to generate testable hypotheses on creativity. They provide several chapters devoted to individual biographical studies. These contributions are interleaved with three general chapters which explore a) problems inherent in every approach to biography; b) the issues involved when collecting data on living persons; and c) the possibility of developing testable hypotheses for creativity research from biographical studies. John Gedo contributes on Mozart, Freud, and a cohort of artists associated with pure abstraction in painting, while Mary M. Gedo offers studies of Goya, Magritte, and Roger Brown.

The chapter on the challenges of psychological biography sets out some of the problems associated with this approach, such as the need for the biographer to clearly separate himself or herself from the individual being studied. It also criticizes reliance on "rigid theoretical systems" as having no place in psychological biography. As an alternative the authors propose an eclectic use of theory and are dismissive of the value of clinical evidence in the biographical enterprise.

Two examples will suffice to demonstrate the methodological approaches the authors advocate and the kind of testable hypotheses generated from them. Mary M. Gedo's essay on Goya illustrates how creativity, in an essentially healthy person, can be an adaptive response. She argues that the symptoms that foreshadowed his neurological illness of 1792-1793 and subsequent deafness are linked to motifs "alluding to sensations of dizziness or fear of losing balance" that recur in his art throughout the period from 1777 to 1792. The content of his art was transformed by the suffering he endured, which was accompanied by a newly awakened concern for human suffering. Goya mastered his sense of helplessness through paintings that portray the tragic dimension of life. Gedo's analysis of the paintings she cites and their relationship to Goya's illness is persuasively presented. A difficulty, however, is that she does not explore the unconscious fantasies that Goya's illness and deafness aroused and their possible influence on his art.

It is instructive to compare Gedo's approach to Goya with that of the late psychoanalyst, Martha Wolfenstein. In her paper, "Goya's Dining Room,"¹ Wolfenstein explores the psychological significance of a series of paintings, the *pintas negras*, that Goya painted on the walls of his house near the end of his life. In explicating the psychological fantasies revealed in these paintings, Wolfenstein argues that for Goya the loss of his hearing was linked to the earlier losses of all but one of his five children in infancy. Themes of grief, rage, and sexual guilt are linked to the horrifying images that characterize these paintings, as well as to others (*The Burial of the Sardine*, *The Procession of Flagellants*, *A Scene from the Inquisition*, *The Madhouse*, and *The Village Bullfight*), that Goya painted after his illness in 1792. Wolfenstein's interpretation of the relationship between Goya and his art is more nuanced psychologically and presents a more complex figure. Her approach draws on both psychoanalytic theory and clinical findings to articulate the intimate, and unconscious, connections between loss, rage, and guilt.

Another chapter, by John E. Gedo, scrutinizes the origins of ideas about the creativity of a historical figure on the basis of existing biographies. The historical personage is Sigmund Freud. The focus is on the relationship between Freud's character and his creativity. As Gedo puts it, "The biographical method at issue consists of the critique of alternative readings of the material from the viewpoint of the subjective bias implicit in those proposals" (p. 133). Gedo links misjudgments about Freud to a failure to understand the historical context within which he wrote and lived. The ostensible lesson here is that creativity research about individuals from other eras must be rooted in a deep historical understanding of their times. But this pronouncement is so self-evident that it seems pedantic to credit it with the status of a significant methodological rule.

The authors are very careful to point out that their illustrative chapters do not offer conclusions that extend beyond their subjects. Nevertheless, in their final chapter they claim to have provided a roster of hypothetical inferences that illustrate how psychological biography may be turned to account to develop testable propositions for creativity research (p. 194). While their case studies do

¹ Wolfenstein, M. (1966): Goya's dining room. *Psychoanal. Q.*, 35:47-83.

illustrate how gifted individuals use their creativity to master or confront different crises, little is said about the capacities that make possible these creative responses. The essays themselves do not support the intellectual claims made on their behalf. Their methodological rules largely consist of a series of platitudes. Serious biographers will not find anything new here in terms of how to approach their subject.

The positive contribution that psychological or psychoanalytic theory can make to the biographical enterprise also goes unacknowledged. This seems odd, since from the biographer's point of view one value of theory is to broaden the biographer's conceptions of what constitutes evidence (e.g., dreams, unconscious fantasies, and parapraxes) and to provide a context within which to understand the significance of this evidence in the individual's life and work. It is unfortunate that the sophisticated and extensive literature on the relationship between psychoanalysis and biography by scholars outside psychoanalysis is not integrated into the authors' discussion. Indeed, they seem blissfully unaware of this literature and its argument on methodological grounds for the open use of psychoanalytic theories in biographical and historical studies (for example, Peter Loewenberg's *Decoding the Past*²).

NELLIE L. THOMPSON (NEW YORK)

ART AND PSYCHOANALYSIS. By Laurie Schneider Adams. New York: HarperCollins Publishers, 1993. 366 pp.

Building on her numerous earlier works in the field, Laurie Schneider Adams has produced this exemplary interdisciplinary study. The book is rich in the range of its contents and is illuminated by psychoanalytic insights. The author's sweep of research is wide, as she covers the significant eras of Western art, including antiquity, the Middle Ages, the Renaissance, and the modern period.

Adams demonstrates how psychoanalysis enriches our understanding of art. She surveys controversies over interpretations and methodology among art historians and psychoanalysts, and notes

² Loewenberg, P. (1983). *Decoding the Past. The Psychohistorical Approach*. New York: Knopf. Reviewed in this *Quarterly*, 1985, 54:489-491.

that her focus is historical as well as methodological. The contents include discussions of Leonardo, Michelangelo, the oedipus complex, dreams in art, and the varieties of psychoanalytic approaches to art. Adams discusses Winnicott and Lacan in addition to Freud, and concludes with a study of the libel trial between Whistler and Ruskin.

What recommends this book is its successful combination of two methodologies and a grounding in history. Adams's interpretive approach follows in the tradition of the first psychoanalytic art historian, Sigmund Freud. In the creation of psychoanalysis, as in his studies of art and artists, Freud was influenced by many intellectual currents and disciplines. His interest in antiquity and its art provided him with a glimpse into the unconscious of past civilizations. Adams thoroughly demonstrates Freud's signal contributions to the field.

In a humorous vein, Adams begins her book by stating that "art history and psychoanalysis have been married and divorced several times in the past hundred years." Exploring and developing this theme, she turns to an important controversy in the field. Freud, she says, ventured into art history in his studies of Leonardo da Vinci and Michelangelo. In his 1910 psychobiography of Leonardo, he explored the artist's behavior in terms of drive theory. Among the many observations he made was that Leonardo renounced sexuality for intellectual pursuits, and that due to his family dynamics, he apparently became a homosexual. Freud had previously developed the notion of the "screen memory," in the light of which he analyzed Leonardo's memory of a bird alighting on his crib and beating its tail feathers inside his lips. However, relying on a German translation of Leonardo's notebooks, Freud accepted the translation of a word as "vulture" and then elaborated on its symbolic meaning (the real bird in question was a kite).

Freud's *Leonardo* became controversial, and has continued to be so. Meyer Schapiro, the eminent art historian who has an equivocal attitude toward psychoanalysis, is one of Freud's many critics. As an example of Schapiro's prominence, the *New York Times Magazine* (August 14, 1994) published an extensive celebratory article about him. The article referred to his dispute with Freud over the *Leonardo*. As Adams shows, Schapiro points out the error in Freud's interpretation of the meaning of "vulture" in the artist's childhood

and argues that cultural and iconographic patterns must be taken into consideration. He disagrees with Freud's explanation of the Mona Lisa's smile as Leonardo's recollection of his mother's smile. Schapiro calls this and other explanations reductionistic, objecting to what he considers erroneous psychoanalytic interpretations.

On the opposite side of this debate, Kurt Eissler, the prominent psychoanalyst and author, recognizes some merit in Schapiro's objections, but supports Freud in his overall assessment of Leonardo. According to Eissler, the dynamic principles of Freud's reconstructions are sound. Adams, too, joins the debate. She examines the contenders' positions, and includes the historical context that influenced Leonardo's selection of subject matter. She concludes that an artist's personal dynamics must play a significant role in his or her artistic expression.

Despite the controversial nature of Adams's own position and the generally cool art historical reception of psychoanalytic approaches to art history, she is well trained in both fields. She is Professor of Art History at John Jay College (CUNY) and the Graduate Center and a psychoanalyst in private practice. She is also the author of *A History of Western Art* (W. C. B. Brown & Benchmark, 1993) and numerous articles on art and psychology. For a field that attracts so many dilettantes, Adams's qualifications are distinguished indeed.

This volume is a delight to read. It is clear and skillfully written, with psychoanalytic observations woven into the narrative. For example, she discusses the way children learn to express themselves artistically and the importance of imagery for them. She then explores dreams, fantasies, memories, and regression, and how these unconscious manifestations re-emerge in Greek myth. She enriches her historical arguments with clinical vignettes from her private practice. There are also many illustrations of paintings and sculptures in the book, and although they are in black and white, they are of good quality and enhance the text.

Adams sets the meaning of imagery and responses to it in a historical and political context. Even Michelangelo was criticized for his *Last Judgment* by Pietro Aretino and the Counter-Reformation. Later, in 1573, the Inquisition brought charges of heresy against the Italian painter Veronese for his *Last Supper*. The objections to it were that it was irreverent and that the portrayal of

a German in the painting might remind viewers of Martin Luther. Adams frequently informs the reader of how political changes shape art—from the French Revolution to the Eastern European satellites of the former Soviet Union, in which statues of Communist leaders were destroyed.

In each chapter, Adams makes valuable contributions to the subject. However, the chapter titled “Michelangelo’s *Moses* and other Michelangelo Problems” will be selected for special attention because it best represents the essence of the author’s theme and achievements. After summarizing Freud’s interpretation of the meaning of Michelangelo’s *Moses*, Adams surveys some responses to it. The controversy centers to some extent on the meaning Freud ascribed to the statue and, even more so, on the sculptor’s own dynamics. On one side is Robert Liebert, a psychoanalyst who in 1983 published *Michelangelo: A Psychoanalytic Study of His Life and Images* (Yale Univ. Press). Liebert disagrees with Freud’s reconstruction of the meaning of the actions of the statue of Moses. Adams takes issue with Liebert’s premises, such as his rejection of the significance of Moses’ historical setting. According to Adams, “What tends to be left out, or muted, by scholars who opt for the interpretation of *Moses* as a timeless character is the historical context and biblical sequence of events in which Moses participated” (p. 159). Adams criticizes Liebert’s reading of “timelessness” because it “denies, or obscures, a personal significance” (p. 160).

On the other side of the controversy is Leo Steinberg, an art historian, who is knowledgeable about psychoanalysis and published a review in 1984 in the *New York Review of Books* disagreeing with Liebert. Steinberg wrote that Liebert did not distinguish sufficiently between the artist’s genius and his neurotic inhibitions; he did not adequately take into account Michelangelo’s actual success, and was reductionistic. Adams examines their positions and then offers her own interpretations. She argues that Freud correctly recognized rage in Michelangelo’s *Moses* and that Michelangelo projected his oedipal conflict onto his patron, Pope Julius II. In conclusion, Adams writes: “For Steinberg, the paradox of Liebert’s argument is his insistence that art is not neurotic, while continually finding evidence of Michelangelo’s neurosis in his art. Steinberg’s fundamental objection to Liebert’s approach is the alleged discov-

ery of 'unsublimated' material in the art. It is, however, debatable whether any of Michelangelo's art can be called 'unsublimated,' for the very fact of its being art requires sublimation" (p. 169).

Since there is such great controversy and an enormous literature on Freud and Moses which transcends art history, a helpful additional source to consult in the debate would be Marianne Krüll's *Freud and His Father* (Norton, 1986). An assiduous researcher, Krüll finds additional evidence for Freud's motivations and subjective need to posit his interpretation of Michelangelo's *Moses*.

Are there any shortcomings in Adams's work? Of course, one may disagree with some of her interpretations. Essentially, however, this is a well-crafted text, impressively researched, and with an extensive bibliography in both art history and psychoanalytic literature. This book deserves wide attention by academics in the humanities, by professionals in the field of mental health, and by the general reading public. Adams's *Art and Psychoanalysis* stands as a model, especially to those who eschew a psychoanalytic approach to art history, and to those who do not have a more thorough art historical education. It stands as a model for its breadth and profound insights.

JACQUES SZALUTA (KINGS POINT, NY)

Dynamische Psychiatrie/Dynamic Psychiatry. XXVII, 1994.

Harriet Wolfe

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ABSTRACTS

Dynamische Psychiatrie/Dynamic Psychiatry. XXVII, 1994.

Abstracted by Harriet Wolfe.

On Method Integration in Psychotherapy. Günter Ammon. Pp. 149–170.

The author founded this journal in 1968 and was President of the World Association for Dynamic Psychiatry from its establishment in 1980 until his death in September 1995. In this article Ammon outlines the basic elements of his theory of constructive aggression and social energy as determinants of identity formation. He demonstrates the potential for healthy assimilation and adaptation that his holistic, analytically based model offers when applied to the dilemma of divergent clinical theories and practices.

Reflecting the influence of an important mentor, Karl Menninger, Ammon argues effectively for the advantages of eclecticism as opposed to its dangers. He draws on philosophers of science and on his own research in group dynamics to demonstrate the potential for positive growth that exists if a system is open rather than closed and if a person is encouraged to develop within the context of a group rather than be ignored or isolated.

Ammon's research in group dynamics has shown that in the course of a constructive group process each participant is at some moment perceived as the central figure in the group. This occurs by virtue of the individual's successful effort to integrate and coordinate the interests and needs of the group as a whole. In the initial phase of a group therapy the therapy fills this role. The fact that a group process can create or release each group member's capacities to become the group leader reflects the potential that exists for positive growth through interpersonal experience and for the creation of something new within both the group and the individual. This is what Ammon calls "constructive integration." In calling for the integration of diverse clinical practices and theoretical models, he is calling for an open, continuing, highly flexible process in which the definition of "truth" from a clinical point of view is never static but always in flux and open to re-evaluation.

The Significance of Humor in Psychotherapy. Egon E. Fabian and Gabriele von Bülow. Pp. 245–251.

The authors stress the interpersonal as opposed to the intrapsychic meanings of humor. Insofar as humor establishes contact, it is of special usefulness with severely disturbed patients. However, the authors' comments about the social nature of humor and the ways in which it is clinically helpful with schizophrenic patients also apply to work with less disturbed patients. Humor helps establish a constructive identification with the therapist by establishing affective contact on a preverbal or nonverbal level that is free of anxiety and paranoia. It creates a new perspective on what has seemed an insoluble problem by rendering the problem absurd for a moment. This "moment," whatever duration it may enjoy, demonstrates a constructive experience of separation from one's pathology and from one's symbiotic ten-

dencies in the transference. It frees the patient (or therapist) from an overly concrete understanding of experience.

The authors describe the tradition of Eastern European Jewish humor and its success in using self-derision to render hilarious a situation of helplessness, humiliation, anxiety, or suffering. In recommending this tradition as a model, they are careful to emphasize that the spirit of therapeutically effective humor is always "human, empathic, so-to-say earnest." They use Ammon's categorical distinctions of "constructive," "destructive," and "deficient" to demonstrate specific different types of humor, their characteristics, and how they have impact on a person.

COGNITIVE SCIENCE

Abstracted by Linda A. Wimer Brakel

Each of the two articles abstracted below contributes independent evidence for the psychoanalytic assumption of significant, complex, nonautomatic unconscious mentation.

The Mediation of Intentional Judgments by Unconscious Perceptions: The Influence of Task Strategy, Task Preference, Word Meaning, and Motivation. Michael Snodgrass; Howard Shevrin; Michael Kopka. *Consciousness and Cognition*. II, 1993. Pp. 169-193.

Presenting subjects with four groups of words delivered for one millisecond through a tachistoscope, below the objective threshold for conscious perception (i.e., operationally unconscious), the experimenters found that although the grand average of forced guesses yielded no better than chance identification, certain features of the words, different motivational states and preferences among the subjects, and the nature of the testing task could improve the accuracy of identification. Regarding the words, although word structure (length) had no effect, pleasant words were identified better than unpleasant ones if the subjects felt that they were motivated to perform the identification task, and if the "pop" rather than the "look" condition were both called for and preferred by the subject. The "look" condition required a concerted effort to try to discern the word, whereas "popping" resembled free association—allowing whatever word comes to mind. The findings were repeated in two experiments; a pseudo-experiment using blank cards but identical conditions served as a control.

Clearly, along with some convergent evidence for nontrivial, unconscious mentation, these experiments also give some hint of unconscious defensive operation and of the efficacy of free association as a means for making available what was previously unavailable to consciousness.

Subliminal Perception of Pictures in the Right Hemisphere. Katharina Henke; Theodor Landis; Hans J. Markowitsch. *Consciousness and Cognition*. II, 1993. Pp. 225-236.

Pictures of line-drawn animals and objects were subliminally presented to each visual hemi-field of an experimental group consisting of forty healthy subjects.

Sixty-three control subjects received blanks. Next, both groups were shown progressively less fragmented versions of the same line drawings. Whereas subjects and controls performed at the same level when both groups had been presented subliminal blanks, the experimental group was able to identify the pictures in a far more fragmented form if they had had prior exposure subliminally to the complete picture. But this was true only after subliminal presentation to the left visual field, the right hemisphere. The authors conclude that pictures presented below the threshold of awareness can be perceived and that only the right hemisphere can perceive and utilize such perceptions. They then raise the question: Is the left hemisphere unable to gain access to such nonconscious percepts, or does the right hemisphere dominate such subliminal perceptions?

The experimenters might have avoided a serious flaw in the experiment as it stands now by adding one condition. Currently the test task itself—identifying pictures from fragments—is very possibly a right-hemisphere-dominated task. Suppose, though, in the test phase, another two groups of subjects after subliminal presentations of pictures (each group receiving the presentations to one of the hemi-fields), were provided with a different test task. Using the picture of a fish, for example, each of these groups would be asked, after subliminal picture presentation, to complete an ambiguous stem like “ish.” Would those with right hemisphere exposure complete the verbal fragment with “fish” rather than with the equally common “wish” or “dish” more or less frequently than the left hemisphere exposed group? And how would both groups compare with a control group subliminally exposed to blanks?

New Clues Surface about the Making of the Mind. Joshua Fischman. *Science*. CCLXII, 1993. Pp. 1517.

Fischman reports on the work of Sarah Boysen, an Ohio State University psychologist working with chimpanzees. Boysen had previously been able to demonstrate that chimps are capable of rudimentary addition using plastic Arabic numerals. She next tried to teach two chimps, Sarah and Sheba, the following numbers game. Having first established that they could both count the number of items represented by a particular numeral, and that they knew which numeral represented more items rather than less, the task was for Sarah to point to one of two plates presented. The one she pointed to first was to go to Sheba, the other she would get to keep. The fascinating finding was that although Sarah was perfectly capable of pointing to the plastic “3” first, giving it to Sheba, while keeping the “6” for herself, she could not inhibit her instinctual drive when actual gumdrops were present on the plates. Though she clearly knew four gumdrops are more than two, and five are more than three, she would point first to the plate with four or five candies again and again. A clearer demonstration of the psychoanalytically familiar concept of instinctual drive could hardly be imagined, although neither experimenter nor reporter drew this conclusion! (In terms of experimental design, I think an intermediate condition should have been employed: Seeing how the chimps did with neutral but not representational items on the two plates, say, four stones versus two stones.)

The Psychoanalytic Study of Society. XVII, 1992.

Abstracted by John J. Hartman.

The Lives of George and Louise Spindler. George D. and Louise S. Spindler. Pp. 1-22.

This essay consists of autobiographical sketches of the anthropologists, George and Louise Spindler, in whose honor this volume was published. They describe their early life, schooling, academic life, and perspectives on their most important scholarly work.

Learning Culture: The Spindlers' Contributions to the Making of American Anthropology. Marcelo M. Suárez-Orozco. Pp. 45-58.

The author discusses the "permanent impact" of the Spindlers' work on psychological and educational anthropology. He focuses on their work on American culture and on their theory of "dialogue" and its transmission in formal school settings. Their influence on Hispanic and African-American anthropologists has been great. The Spindlers identified a mainstream cultural dialogue which centers on particular values like independence and hard work which are both assimilated and transformed by immigrant groups. The special circumstances of Chicanos and African-Americans are discussed with reference to school and formal education.

Women's Experience: Fantasy and Culture Change. Erika Bourguignon. Pp. 143-169.

The author reviews the Spindlers' work over many years which repeatedly demonstrated, through the use of several objective techniques and statistical treatment, that men and women react differently to culture change across different cultures and time periods. Women were found to be more conservative but more flexible and thus better able to cope with culture change. Bourguignon discusses the relationship between fantasy and instrumental activity in women undergoing culture change. She presents data from her own work on women graduate students making career choices and women in possession trance religions. She concludes that in both cultural samples, a wishful fantasy is enacted in a culturally approved way.

The "Primary Process" Revisited. Melford E. Spiro. Pp. 171-180.

Spiro argues that Freud was correct in relation to the different *functions* he attributed to the primary and secondary processes. However, he asserts that Freud's delineation of *formal* differences between these two types of mental functioning is critically flawed. Some of the important things that characterize the representation of unconscious thought characterize the representation of conscious thought as well. The author's argument distinguishes between various kinds of representation—indices, icons, and symbols. When cultural symbols represent figurative meanings, they are called tropes, and he distinguishes between cultural tropes and private tropes. He argues that when the term displacement (sign substitution) is used to represent conscious thoughts, it should be called a trope. If it is used to represent unconscious thoughts, it should be designated as defense.

Psychotherapy and Culture: A Critical View. Leonard Bloom. Pp. 181–211.

The author's main aim is to refute the notion that Western psychotherapy, including psychoanalysis, can be applied only in Western cultures. Bloom also criticizes the notion of cultural relativism. He presents three psychotherapy cases of Nigerian undergraduates and concludes that his psychotherapy in Nigeria was similar to his work in London. Finally, he discusses the therapist's stance toward social change, societal definitions of abnormality, and the dangers of latent racism in overemphasizing cultural factors. He concludes with a view of psychotherapy which emphasizes the influence of culture on patients without accepting the impossibility of a Western therapist understanding the personal dilemmas of a patient from a non-Western culture.

Unconscious Aspects of the Arab-Israeli Conflict. Avner Falk. Pp. 213–247.

Falk points out that while rationalistic political science explanations of the intractable Arab-Israeli conflict stress competing territorial claims and nationalisms, psychoanalytic views raise issues of unconscious group self, defensive group narcissism, historical hurts, narcissistic injury, denial, projection, splitting, and lack of empathy. He discusses these issues and adds three other unconscious factors. First, he argues that violent father-son tensions within the Palestinian family are displaced onto the Israelis in the *intifada*. Next, he concludes that the inability by both sides to mourn their historical losses plays a powerful role in keeping the conflict intractable. Finally, he discusses the resistance of Israeli scholars to psychoanalytic ideas.

Spirit and the Problem of Social Instincts: Exceptions to Freud's Critique of Religion. Dan Merkur. Pp. 249–287.

Merkur offers an extensive critique of Freud's opposition to religion. Freud's belief in telepathy was related to his view of "spirit," which he, in contrast to most writers, distinguished from religion. Spirit was a reality; religion a wish fulfillment. Next, the author points out that Freud's view of cultural evolution—animism, religion, science—is not tenable. Mysticism and magic cannot both be instances of primary narcissism. Totems cannot symbolize fathers and precede mother goddesses developmentally. Finally, the myth of the primal horde was used by Freud to replace his original ideas about social instincts. In his theory of religion the problem of social instincts was replaced by the problem of the ego ideal. The author urges a reconsideration of the idea of social instincts for a more coherent psychoanalytic theory of religion.

Psychoanalysis and Contemporary Thought. XVI, 1993.

Abstracted by Samuel Gerson.

The Transformation of Incest: Dreams and Memories. Mary Sue Richardson. Pp. 43–66.

Richardson engages the issue of how a psychoanalytic therapy based on understandings derived from dream analysis, transference phenomena, and the recovery of memories can transform the pathological sequelae of incest. She locates her work

within the contemporary relational, self-psychological, and feminist psychoanalytic traditions and emphasizes the positive developmental impact of the relationship between patient and therapist. Her main thesis is that memories of trauma which emerge prior to the restoration of damaged psychic functioning pose a threat of retraumatization. Dreams can be understood as records of mastery of the trauma as they contain indications of the emergence of new representations. When the analytic work, via the transference, has effected new structures, only then will the recovery of memories prove to be beneficial as part of the repair of the damage inflicted by the trauma. A clinical illustration containing dreams of trauma before and after memories of the trauma is offered.

Autistic Space. Richard T. McClelland. Pp. 197-232.

The author proposes the concept of "autistic space" to delineate a type of mental functioning characterized by a deconstruction of the boundaries and contents of mental representations. This condition of relative psychic disarray may occasion severe anxieties of dedifferentiation; tolerance for such experience allows for the formation of novel linkages and reconfigurations of previous representations. The anxieties attendant on this process are seen as implicated in inhibitions in creative processes.

Femininity and the Limits of Theory. Paola Mieli. Pp. 411-428.

The author addresses the question: What is it about the essence of femininity that its understanding yields little to rational discourse and theory? Mieli's answer to her own query is located in Lacan's theory of the oedipal quest and conflict. After offering the reader a finely distilled tour through Lacanian concepts of the phallus, the real, and feminine *jouissance*, Mieli proposes that theories of femininity inherently confront the inexplicable domain of the mother's unknowable body. The very thing (*das Ding*) which motivates the search for knowledge is that which cannot be known since it is defined as a lack. One implication for theory in general, and theories of femininity in particular, is that they cannot reach a satisfactory conclusion via attempts to fill the absence created by desire with any encompassing truth which avoids its own incompleteness.

Self-as-Agent in Psychoanalysis. W. W. Meissner. Pp. 459-496.

Meissner first reviews the use of the concept of the self within psychoanalysis and then proposes a supraordinate framework for the concept which encompasses various meanings, functions, and structures attributed to the self. His review is wide-ranging and includes the subjective and phenomenological aspects of the experience of the self; philosophical perspectives on the substantiality, autonomy, and linguistic construction of the self; debates about whether the self is best conceived of in structural or representational terms; the self as related to concepts of identity, person, and ego. On the basis of this review, Meissner concludes that the concept of self achieves its greatest theoretical coherence and functional utility when broadly con-

ceived in systemic terms. Accordingly, he proposes that the self is a system which organizes the processes and functions of various psychic agencies, implements self-object interrelationships, and articulates the experience of the subjective sense of self. For Meissner, the self as system achieves its greatest theoretical and clinical import by allowing us to think of the "self-as-agent"; it provides a concept which enables us to locate the origins of complex symbolic and relational actions and to imagine the patient as capable of self-exploration and as actively engaged in the psychoanalytic process.

September 1994. Conference on Changing Ecological Approaches to Development: Organism-Environment Mutualities.

Barbara Fajardo

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NOTES

September 1994. CONFERENCE ON CHANGING ECOLOGICAL APPROACHES TO DEVELOPMENT: ORGANISM-ENVIRONMENT MUTUALITIES.

Reported by Barbara Fajardo.

In the 1990's, the literature of developmental psychology began to include much self-consciousness and introspection about epistemological paradigms and their relationship to research inquiry, experimental method, and data analysis, as exemplified by Emde's 1994 article, "Individuality, Context, and the Search for Meaning" (*Child Devel.*, 65:719-737), and by many articles in *American Psychologist* and *Developmental Psychology*. Simultaneously, there has been commentary (such as Parke's in *Developmental Psychol.*, 1992, 28:987-989) about the field's splintering into multiple subspecialties, e.g., cognitive, social, biological, or perceptual development, each constituting an isolated intellectual and academic world with its own politics and social system. This divisive pluralism is counterbalanced by desire for new integrative theoretical frameworks. The search for integration has led to an increasing sophistication about paradigms and epistemology, as was apparent in the debates published in the *American Psychologist* during the early 1990's. These themes and changes in developmental psychology are consistent with similar trends in psychoanalysis, as evidenced by articles in psychoanalytic journals related to epistemology and to the integration of discrete psychoanalytic schools of thought.

In response to the tensions between pluralism and the desire for a new integrative framework, a conference of academic developmental psychologists was organized to bring together three subgroups within the field. The participants shared a belief in the mutuality between the organism and the environment, and in the importance of describing how that mutuality develops and changes over time. According to this view, the child's developing functions cannot be understood without regard to the unique environment and disposition of each child. This stands in contradistinction to the tenets of cognitive psychology and neuroscience that have dominated the academic field of child development. According to this contested cognitive view, the purpose of inquiry is to categorize and describe the unfolding capacities of the competent infant who is born prepared to make sense of his or her environment, which is static and stands apart from the child's influence.

The conference, held at the University of Connecticut, was sponsored by the National Science Foundation, the American Psychological Association, and the Society for Research in Child Development. Thirteen research and theoretical papers were presented. Two discussions from different perspectives followed each paper, stimulating a thoughtful dialogue with the audience about the nature of the inquiry, research questions, and methods of defining, organizing, and analyzing observations. Several epistemological issues were raised which resonated with the psychology and philosophical tradition of William James.

Throughout the conference there was criticism of the many *dualisms* within developmental psychology: content versus process, action versus thought, perception

versus reality, concept versus percept, environment versus biology, veridical reality versus perceived reality. The dualisms were seen as artificially splitting and categorizing phenomena, thus obscuring the question about how one emerges from the other. An essential *pluralism* was underscored, which asserted that the same function can develop in different ways, and that one task of the empirical researcher is to describe differences among individuals and the unique conditions that pertain to each individual's pattern of development.

The conference opened with a keynote address by Eleanor J. Gibson, calling for a theoretical framework for perceptual and cognitive development that would be an alternative to the Piagetian or information-processing views. Gibson outlined twenty-five propositions of an "ecological psychology," many of which reappeared in the conference papers and commentaries. Her ambition was to extend her propositions about development beyond the domain of perceptual functions into that of social behavior and experience. Her propositions were carefully reasoned and based firmly in a researchable perspective.

The importance of the unique developmental patterns of each individual and the intertwining of organism and environment were discussed by Jane Clark, who described her own and others' studies of children's development of skills, particularly walking. She detailed the characteristics of the "Dynamical Systems" approach, which seeks to understand the processes that underlie developmental change. This approach has a strong emphasis on *how* change occurs, applicable to the phenomena of development beyond skills and behaviors. Unlike many theoretical perspectives, the Dynamical Systems approach does not posit "structures" which direct behavior, but sees behavior as an emergent phenomenon. A function or behavior emerges in the context of exchanges with other people and the environment, and is given a constantly changing form by the constraints, or information flow, from the person herself, the environment, and her task or initiative.

Anne Pick presented a paper from the "ecological view," informed by the work of J. J. Gibson on perceptual development (see Gibson's *An Ecological Approach to Visual Perception*, Houghton Mifflin, 1979). She challenged the cognitive psychology premise that perception and cognition are separable functions, and she described a series of research studies in which children were asked to sort toys according to their similarities and their functional properties. Pick concluded that young children categorize objects touched and explored quite differently from how they categorize the objects presented as pictorial representations. For the psychoanalyst, this work questions the notion of "mental representations" of self and others, for it challenges the classical psychoanalytic belief in enduring patterns of response independent of current context.

David Miller's paper described newly hatched mallard ducklings learning the species-specific freezing response to the mother's alarm call. His research suggested that genes provide developmental constraints but that they do not dictate the developmental process. The freezing response is accomplished through a series of *transactional* rather than interactional exchanges between the perinatal duckling and the environment. An instinctual explanation for the freezing response is that it is adaptive, universal, unlearned, and stereotyped. Two important sources of nonobvious experience, with opportunities for learning and practice for the perinatal duckling, are the prenatal experience that allows auditory self-stimulation and hear-

ing sounds of earlier-born siblings, and the social context after hatching when the newborn is exposed to the sound of sibling vocalizations. In order to expose the influence of self-stimulating vocalization, a duckling's response to the alarm call was tested immediately after hatching, with mother absent and with siblings that had been devocalized (through surgery while still unhatched). The emergence of freezing for this duckling is then contrasted to the emergence of freezing in a duckling that, like its siblings, has also been devocalized prenatally, which in turn is contrasted to a devocalized duckling (also with devocalized siblings) who is exposed to the alarm call only postnatally. Miller demonstrated the importance of the matching between duckling maturational capacity and the environmental conditions. He found a close fit between the behavioral response to the call and the nesting ecology of mallards, so that ducklings are most responsive to the alarm call when they are most likely to encounter mother's call in nature, that is, in the first three days of life. Miller's paper suggests to psychoanalysts the value of a developmental theory that includes the transactional organism-environment system, going beyond the dyadic interactional perspective, and underscores the perils of too casually evoking genetic and biological explanations.

The importance of context was also emphasized in a paper by Robin Cooper that described caretaker-infant interaction as the important organizer for the development of speech perception. The properties of infant-directed speech become meaningful through the infant's learning their associations to different experiences and events, such as eye contact and smiling. Cooper's paper challenged cognitive and structural theories about the place of an unlearned biological predisposition for speech perception.

Shifting from the development of behavioral functions, Alan Fogel presented a paper that began to construct a theory of personal relationships out of J. J. Gibson's ecological systems perspective on one's relationships to the natural environment. He expanded the notion of "information" about the environment to include information about the individual's phenomenological experience as perceiver and actor. Transactions with the environment and with other people therefore become a source of knowledge about oneself. In Fogel's view, information is not only *detected* but is also created and is co-regulated or mutually determined by the person and the other.

Many current psychoanalytic debates concern the same dualisms that were critically discussed in this developmental psychology conference, such as psychic versus veridical reality—that is, whether and how truth in individual experience corresponds to 1) a socially and culturally shared truth; 2) some objectively standardized truth of positivist science; or 3) the individual's truth as valid simply because it is experienced.

The conference was of particular interest to psychoanalysts because it demonstrated changes in academic developmental psychology—away from studying the child through group data and away from a search for continuities and predictors in development. It brought the field closer to the concerns of the practicing psychoanalyst who sees her patient as a unique individual embedded in the particular interpersonal context of the analytic relationship. Development was seen within this

conference as the study of a process that results in organization and change that is unique to each individual.

The 17th ANNUAL CAPE COD INSTITUTE, a summer-long series of postgraduate courses for mental health professionals, will be held June 24-August 30, 1996. Sessions are from 9:00 a.m. to 12:15 p.m. on weekdays, leaving afternoons free for leisure and study. The program is sponsored by the Department of Psychiatry and the Department of Epidemiology and Social Medicine of the Albert Einstein College of Medicine. For further information, contact: Dr. M. H. Peters, Cape Cod Institute, 1308 ECHS, Bronx, NY 10461. Telephone: 718-430-2307; fax: 718-430-8782; E-Mail: glevin @ aecom.yu.edu.