

## The Analyst's Influence

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## THE ANALYST'S INFLUENCE

BY LEE GROSSMAN, M.D.

*Analytic work involves a variety of influences the analyst brings to bear on the patient. Our emphasis on the centrality of interpretation tends to neglect consideration of the many ways in which the analyst influences the patient other than by the content of interpretation. The author considers the kinds of influence necessary to establish and maintain an analytic process and a therapeutic alliance. The nature and the role of the analyst's authority are discussed, along with the issue of how the analyst influences the patient to question the analyst's authority.*

In our effort to distinguish psychoanalysis from other therapies, we have tended to emphasize the role of interpretive influence in bringing about therapeutic change. The wish to differentiate what is analytic from what is "merely suggestion" has led to a relative disregard (at least in our theorizing) of the role of influences which, although not unique to analysis, may nonetheless be essential for making an analytic process possible. In some circles the centrality of interpretation has become the ideal of technique to the extent that all other influences are viewed as contaminants of the process.

It should be apparent that in analysis, as in any human interaction, each party is constantly influencing the other; what else, after all, could "interaction" mean? So the question for analysts is not *whether* to influence patients in noninterpretive ways, but

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how best to be aware of those influences and put them to good analytic use.

In this contribution I would like to take a look at a moment of ordinary analytic work in an effort to call attention to some of the influences the analyst brings to bear in the course of the work. I believe they will be recognizable to all clinicians, although as analysts we tend not to emphasize them in our theorizing. I hope to raise the question: What kinds of influence are necessary to establish the conditions for an analytic process, i.e., for interpretations to be heard, understood, and used constructively in self-understanding? Among the other questions this may include are: What is the nature of the analyst's authority to influence the patient to undertake analysis? What influence is brought to bear in establishing a therapeutic alliance? What is the role of the analyst's authority as an expert? What is the role of transference authority? And finally, how does the analyst influence the patient to question the analyst's transference authority?

### *Clinical Example*

A man in his third year of analysis began the hour by handing me a check, as expected. I noticed that he had underpaid by the amount of one hour's fee. I handed the check back to him, saying my figures did not agree with his. He immediately recognized the error, and became incensed. "Money is your priority," he complained, beginning a protracted diatribe about my interest in the money, and how it proved I did not really care about him.

Eventually, I commented that his being so upset about what *I* did helped him keep from feeling the impact of what *he* had done. In a more subdued if begrudging tone, he began to talk about his mistake with the check. He had canceled an hour during the month. He had not wanted to pay for it, although he knew our agreement obligated him to do so. He had also not

wanted to make an issue of it; he had the idea that I might fight back, and he did not want to deal with my angry reaction. He added that he knew I had done nothing to warrant his suspicion.

I then commented on his readiness to dismiss his suspicions of me, and I suggested that we consider the possibility that he had seen something in me that he was eager to overlook. With considerable reluctance, he revealed that he had noticed certain habits—rituals, really—that I had developed for dealing with his payment. He had surmised (correctly) that I was trying to handle some uneasiness I had about the transactions. More important, he had concluded (also correctly) that I did not want him to notice my uneasiness. He had anticipated my being angry in a confrontation about money because he surmised I would be upset about being exposed. Subsequent associations led him to reconsider certain aspects of his dealings with his father, with whom he fought passionately, but whose characteristic patterns of dishonesty he managed to overlook.

### *Interpretive Influence*

To begin with, I would like to consider my last two comments and their influence. Without getting into the very important and thorny question of what is and what is not an interpretation, I think most would agree that by most definitions they were interpretations of resistance. I am not suggesting that these were the only resistances, or that they were especially good interpretations, or even that my observations were correct; I am only asserting that they were interpretations, and as such they were designed to influence the patient by their content, to notice what he had failed (or tried not) to notice, in order to expand his self-awareness. This is what I understand to be interpretive influence.

The patient's response to these comments would seem to confirm that they were successful in so influencing him. In the first instance, he recognized that there were motives of his own he

was shouting down with his passionate reaction to me; his subsequent recall and elaboration of the passionate fights with his father threw further light on the meaning of this kind of interaction. In the second instance, he confirmed that he had tried to disavow certain perceptions of me that threatened to be the harbingers of more potentially disturbing interactions and realizations: he did not want to face any sign of my corruptibility, out of the conviction that our relationship depended on his overlooking it. Note, by the way, that although it reminded him of his father's more threatening dishonesty, it was not simply a "distortion" or a "projection," but rather an accurate perception of something I did, which had personal significance for him. Gill (1982) has often reminded us that transference reactions are reactions to real situations.

### *Noninterpretive Influence*

If we understand the impact of these interpretations in the (admittedly schematic) traditional way, we would note that the patient was influenced by the sense of the analyst's interpretations to notice what heretofore he had managed not to notice. This is what we expect of "tactful," "properly timed," "correct" interpretations. In passing, we should note that every one of these modifiers raises a new set of questions about influence. Tact, or the lack of it, is a powerful noninterpretive influence, the nature of which has been barely touched on in our literature, save for one elegant paper by Poland (1975). Timing, good or bad, is another form of noninterpretive influence. Correctness, or incorrectness, is one we have considered before—although the most provocative paper in the literature on the subject is pushing retirement age. Glover's (1931) paper on the effect of "inexact" interpretation, which was subtitled "A Contribution to the Theory of Suggestion," is germane. Even so, it remains to be clarified what "correctness" actually means; Glover himself believed that correct interpretations would eliminate the role of noninterpretive influence in analysis.

Apart from any question of whether the two interventions under consideration were correct, tactful, and well-timed, their impact is certainly not limited to those facts. As Gill (1991), among others, has pointed out, an interpretation is also an interaction. That implies that other, noninterpretive influences are brought to bear on the patient whenever an interpretation is made.

Consider the first comment. The patient revealed in response that he had anticipated my angry reaction. In retrospect, it was clear to me that I was irritated by the patient's underpayment, and also that I was uneasy with his angry reaction to my bringing it up. I believe that among my motives for making the interpretation, along with an effort to help him understand what I noticed about him and pointed out, was the wish to distract him from his anger, and the wish to get him to talk about the money. The patient had read my interpretation as a sign of my intolerance of awareness of my own problems about money, and (for the most part) he sought to accommodate me. In any case, whatever my motives, I believe my intervention directed the patient to stop being angry at me and start talking about himself, and he complied.

When I called the patient's attention to his error, it is clear that I made a choice by acting at that moment, a choice that revealed that I thought the patient's mistake was more important than what he had begun to talk about. Not incidentally, this choice was consistent with the patient's perception of me as being overly interested in money. Then, when I elected to comment on the patient's bluster, I made another choice, from among several options. I could have addressed the affect he was keeping out of awareness, rather than the action; from previous work I had good reason to suspect that he was ashamed and frightened of his error, both for its meaning as withholding and for its significance as an uncontrolled spillage from inside him. Or I could have encouraged the elaboration of his picture of me, or pursued any of the particulars, all presumably significant, that I neglected even to mention in my summary.

It may be argued that one or another of these approaches would have been more profitable, or less “countertransference motivated,” and that may be so. This is not a commentary on the “correctness” of my interpretations; what I am trying to emphasize is that *any* interpretation also enacts something and thus influences the patient in ways that far exceed the content of the words. My action was influential, not because I interpreted “the” resistance, but because I made choices about what resistance I thought was important, from a variety of motives, some altruistic, some selfish, some reasoned, some irrational, some available to my awareness, some not; and more generally, because I took a position that could not help but have an impact. The interpretive moment was also a “countertransference enactment” (Renik, 1993a)—as I believe *every* interpretation to be.

In the second interpretation, I invited the patient to reflect on what he had noticed about me. This helped bring the enactment into the analytic work by making it thematic. At the same time, it is likely that I conveyed to the patient an openness to hearing his accusations of me that made it easier for him to face them. This is not a “neutral” stance; it is a position that carries a promise that I will behave in a way that is perhaps startlingly contrary to the patient’s expectations. My interpreting thus enacts something else at the same time; in this instance, something reassuring.

By now, I hope my view is clear that one cannot fail to take a position; being silent or immobile or calm are no less influential actions than being aloof or impassioned or attacking or asleep. We cannot refrain from acting; we can only choose from among certain actions and seek to notice their impact. An interpretation is a statement of the analyst’s agenda. Thus, it carries the influence of the analyst’s choice of what is important enough to comment on, or trivial enough to ignore. It carries the stamp of the analyst’s character, conflicts, and transference to the patient. It is also a disruption and the taking of an unexpected position by the analyst. It must therefore be influential in many ways beyond its lexical content. I believe this is what Gill had in mind

when he commented from the floor at a panel (1991) on Eissler's (1953) paper on parameters, "Every interpretation, by definition, is a parameter."

### *The Analyst's Authority*

I would like to turn next to consider some of the influences that must be brought to bear to set the stage for interpretive work. I would frame the question this way: How does the analyst gain the authority to have interpretations taken seriously? The traditional assumption, that the correctness of the interpretation gives the analyst credibility, no longer seems sufficient.

We are very much aware that, however reasonable patients may be about seeking treatment, they have powerful motives to turn the treatment into something other than the collaborative search for truth about themselves. Sufficiently muted derivatives of sexual and aggressive wishes certainly contribute to our patients' willingness to go along with the program, even if they harbor secret hopes for rewards other than self-awareness. Freud's (1912) formulation of the (so-called) "unobjectionable" part of the transference was probably the first formulation of a "therapeutic alliance," which might be thought of as an amalgam of transference-based and "reasonable" attitudes that, at least at a given moment, move the treatment along by investing the analyst with the authority to take the *analyst's* project seriously.

In practice, it is probably impossible to separate transference-based and "reasonable" motives for the patient to grant authority to the analyst; but for the sake of this explication, I would like to distinguish among: 1) the authority the analyst has by virtue of his or her expertise and experience; 2) the authority granted the analyst by virtue of the patient's transference expectations; and 3) the influence of the analyst's manipulations.

The analyst's "legitimate" authority is rarely mentioned as an important influence on the patient, possibly because it seems to



go without saying, but perhaps also because it is easily confused with authoritarianism, which is anathema to us. Nonetheless, probably every analyst has at one time or another pointed out the paradox in the behavior of the patient who seeks the help of the analyst-as-expert and then refuses his or her recommendations. We recognize the legitimate authority of our expertise when we encounter patients who challenge it. With other patients, we are more likely to rely on this kind of influence than we are to notice it. It is completely appropriate for the analyst to make recommendations about the frequency or the use of the couch or the “fundamental rule” because he or she has experience and knowledge about the utility of the procedures. Of course, we do not dictate terms; but we should expect our authoritative (not authoritarian) statements to carry some weight.

With respect to the authority vested in the analyst by the patient’s transference expectations: many analysts will talk privately about having to “seduce” patients into treatment—though few, if any, will commit that to print. Loewald (1971) referred to the “appeal” to the patient to understand unconscious activity as his or her own: “It is a moral appeal. . . . and the success of psychoanalytic treatment depends on the patient’s aroused propensity to heed this appeal. This is implicit in the therapeutic or working alliance” (p. 95). He says of this appeal, “Undoubtedly there is suggestion at work here . . .” (p. 93).

Martin Stein’s (1981) landmark contribution emphasized the need to analyze the “unobjectionable positive transference.” But that does not imply that we are not using its power as we do so. The exercise of the analyst’s transference-based authority does not replace the need to analyze it; in fact, I believe that enacting it is a necessary precondition for its analysis. This is not to suggest that the analyst’s use of transference-based authority is contrived or premeditated; rather, it arises spontaneously from the inevitable countertransference enactments that make up the text of the analysis. I agree with Renik’s (1993a) thesis that such enactments represent naturally occurring corrective emotional experiences which can only be analyzed retrospectively.

This view is at odds with what I think is the more generally held position, that suggestion is a contaminant, albeit an inevitable contaminant, of ideal technique. I do not believe it has been demonstrated that patients can be motivated to engage in treatment without the analyst's initially unanalyzed participation in a role in the patient's fantasies. At any rate, it is impossible to avoid such participation, and impossible to analyze it until it has taken place. Thus, the suggestive influence of the analyst's transference-based authority is at work, irrespective of the analyst's intentions.

It is something of a paradox that one of the most important uses to which we put our transference-based authority is to influence the patient to question that authority. In the film, *Monty Python's Life of Brian*, a man has been mistaken for the Messiah. When he realizes he is being followed by a crowd, he turns and shouts, "Go away! Think for yourselves!" But he is a prophet in their minds. So they continue to follow, all the while faithfully parroting his words, chanting mindlessly, "Think for yourselves!"

It does seem to be the case that patients manage to learn to think for themselves out of love for (or defiance of) the analyst; although how that happens is a subject that warrants more study. Freud's (1912) understanding was that the "unobjectionable" part of the transference was the vehicle of analytic success: "We take care of the patient's final *independence* by employing *suggestion* in order to get him to accomplish a piece of psychical work which has as its necessary result a permanent improvement in his psychical situation" (p. 106, italics added). Freud apparently did not see it as problematic that we use our transference authority to free the patient from our transference authority, though it may be argued that Freud did not sufficiently distinguish his transference authority from his legitimate authority.

We certainly appeal to the patient's reason when we interpret the "unobjectionable" transference, or the patient's attempt to ignore the evidence of those of our missteps of which we are

aware; but that is not all we do when we interpret. We also display our character, and often the patient is in a better position to make sense of our unconscious motivations than we are. If we seek to keep the influence of our character out of the process by adhering to an elusive ideal of neutrality, we run the risk of rendering that influence off limits to analysis, as Renik (1993b) has recently shown. If, on the other hand, we recognize the inevitability of suggestive influence in any human interaction, we are in a better position to make it available for examination by both parties.

I assume that “suggestion” implies the interaction between the patient’s transference-based “suggestibility” and the analyst’s activity. This activity may be either in the form of inadvertent countertransference enactment, or manipulation, i.e., the analyst’s intention to influence the patient by something other than the application of reason to observable facts. Some manipulations are so much a part of analytic technique that we take them for granted. Consider, for example, the very powerful influence we bring to bear by the arrangements we make. The physical ones, e.g., the couch, the soundproofed and comfortable room, the regular appointment times, and so on, are influential in ways with which we are familiar. We also make emotional arrangements, in the form of tacit or explicit promises about our behavior and attitudes. We promise an uncommon focus of attention; we promise an unbiased, nonjudgmental attitude; we promise to exercise uncommon restraint; we promise not to seduce, abandon, or retaliate. Of course we do not deliver on all of these promises; in fact the promises themselves are powerfully seductive.

Our vocabulary for these aspects of the treatment situation reveals the intent of the manipulation. We refer to the “frame” as if it were a secure boundary, separate from our activity. We refer to the analyst’s so-called “neutrality” and “abstinence” as if they were the absence of activity, when in fact they are powerful actions and enticements to the patient to trust and reveal. We talk about a “field” which we try to keep “uncontaminated” by

the analyst's activities, when in fact the field is an *expression* of the analyst's activities. Like the doctor who tells the child that the injection will not hurt a bit, we are lying; but it is a useful and influential lie, it is in the patient's best interest, and in fact the shot does not hurt as much as the child expected.

I have chosen such deliberately provocative terms as manipulation and lying to emphasize that they are intentionally influential noninterpretive acts. We do try to make the patient feel safe and welcome and accepted. Once the influence of these maneuvers is acknowledged, we are in a position to analyze it. But if we insist that we are not acting when, for example, we listen attentively, we will limit and distort our understanding of the patient's experience.

Looking back with the patient, we can (and should) face squarely the fact that we *did* use the power of our office, we *did* (however inadvertently) play the role the patient perceived, we *did* serve our own motives as well as the patient's; we could not have done otherwise. And we expect that, looking back, the patient will come to appreciate the complexity of human motives, including his or her own, in a richer and more understanding way.

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## Supervision as an Analytic Experience

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## SUPERVISION AS AN ANALYTIC EXPERIENCE

BY JEAN-PAUL PEGERON, M.D.

*This paper explores Solnit's idea that supervision is more than teaching and less than treatment. Advances in our understanding of the analytic process are applied to the supervisory process. With the help of a vignette, the uses of transference regression and parallel processes are examined as part of an analytic experience which facilitates the supervisee's own analysis. Baudry's ideas are used as a point of departure to suggest further guidelines for supervision based on the goal of enhancing the supervisee's analytic identity. Possible difficulties with our theoretical assumptions about supervision are briefly discussed.*

Along with the training analysis and core courses, supervision is one of the three pillars of psychoanalytic education. Though much has been written about various aspects of supervision, there is a surprising lag in applying advances in our understanding of the analytic process to the supervisory process. I believe this is in part due to residual worries from the teach-treat controversy. Legitimate concerns about not analyzing the supervisee's neurotic conflicts and not interfering with the training analysis have obscured the usefulness of looking at the interaction between supervisor and supervisee. The purpose of this paper is to explore the ways in which our understanding of the analytic process can be fruitfully applied to the supervisory sit-

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uation. It is an attempt to shed some light on the grey area defined by Solnit (1970) when he wrote "supervision is more than teaching and less than treatment" (p. 360). With some modifications the ideas in this paper can be applied to any psychoanalytically oriented supervisor-therapist relationship.

There are clear differences between the goals and methods of analysis and those of supervision. Once they have been spelled out, what can be gained by likening supervision to analysis and by examining how it differs?

Broadly speaking, the goal of treatment can be defined as helping patients understand themselves so they can be freer to change characteristic ways of reacting in order to function more effectively and feel more satisfied with their lives. This is accomplished through regression, development of the transference, and analysis of the transference as resistance. Conflict resolution occurs as analysts facilitate their patients' expanding access to their psychic lives.

The goal of supervision can be described similarly as helping candidates expand access to their psychic lives as related to their development as psychoanalysts with these particular patients. The ultimate goal of supervision is to form a professional (analytic) identity in the sense used by Oberman (1990). He agrees with Ekstein and Wallerstein (1958) that the acquisition of skills is not enough. He defines analytic identity operationally as "the realization by candidates that their personal experiences relate to the transference . . . that their reactions are no longer neurotic residues but become potential tools of the trade" (p. 203). He adds: "It employs selective attention: it is a way of processing personal experience. It does not require complete resolution of personal conflicts" (*ibid.*). In that sense Oberman comes very close to Isakower's idea of supervision as enhancing the analyst's use of himself or herself as an analyzing instrument: "the analyst has to learn to acknowledge as percepts all of his inner perceptions. If he is not prepared to do so how can one expect for him to help his patient do so?" Isakower is quoted by Wyman and Rittenberg (1992, p. 208). He adds (p. 221): "We



can only try to put the analyzing instrument into a state of potential functioning by the student's personal analysis: then we try to develop it, something the personal analysis cannot do to a sufficient degree." In other words, there is more to being supervised than learning how to do analysis.

Of interest is the report of the ten-year COPE study group on supervision conducted by a group of well-known and experienced analysts. The main thrust of their conclusions was on style. "Each member has his own distinct approach. What we taught and how we taught were deeply rooted in our own individual ways of analyzing and our individual ways of analyzing were deeply rooted in our own character" (Gardner, 1993, p. 6). Abrams (1993) outlines four supervisory styles: the didactic, which favors imparting specific information; the Socratic, which highlights questions and answers; the strategic, which focuses on solving inevitable problems that occur; and the interactive, in which a climate of collegial exchange dominates. The focus of the group changed from studying how the supervisor teaches to what is being taught (Goodman, 1993). Others (DeBell, 1963; Wagner, 1957) conceptualize supervision as different types: patient-centered, with an emphasis on understanding the patient; therapist-centered, where the focus is on the therapist's blocks and countertransference; or process-centered, with an emphasis on the interaction between patient and therapist and therapist and supervisor. The latter references are dated but they do reflect my own and others' current experience of supervision.

If we were to carry to an extreme the comparison between analysis and supervision, we could consider a supervisee's report about a patient as an attempt to communicate something to the supervisor about the supervisory relationship, just as we listen at times to a patient's talking about someone else as a communication about an aspect of the patient-analyst relationship. Is there some usefulness in that? Also, we would not be satisfied to describe psychoanalysis by focusing on only one aspect of the process. Should we be content, then, with such disparate views of supervision as didactic, Socratic, strategic, or interactive? And

would there not be some usefulness in attempting to delineate more uniform principles of supervision? This could be done while respecting the supervisor's character and style in the same way that progress in our understanding of the analytic process need not be a threat to the analyst's character and style.

Gediman and Wolkenfeld (1980) have written about the ways in which analysis and supervision are similar. Both are helping processes and, as such, involve conflicts related to giving and seeking help. The parent-child relationship is the prototype. Both require an involvement of the self with exposure, concerns with self-esteem regulation, and preservation of the integrity of the work ego. In both, significant identificatory processes occur. Patient, analyst, and supervisor are all involved.

I would like to elaborate further on similarities between analysis and supervision using more recent developments in our understanding of the analytic process. My aim is to make inroads into the following question: How are we to achieve the goals of supervision outlined above?

Foremost among such developments is a deeper understanding of the dyadic nature of the relationship and of the influence of the analyst in shaping the process. "The analyst must be emotionally engaged with the patient" (Boesky, 1990, p. 573). Boesky indicates that a patient can be described as "in analysis" if his or her central conflicts become meaningfully engaged as resistance in the transference. Furthermore, he is convinced that the transference as resistance is unique to this particular patient-analyst pair. He adds: "*In fact, the manifest form of a resistance is even sometimes unconsciously negotiated by both patient and analyst*" (p. 572). He then clarifies that he has in mind "complex and lengthy sequences of interaction which only gradually become evident to the analyst as a resistance in the patient to which the analyst has in some more or less subtle way contributed by his or her own behavior" (*ibid.*).

Now, before I elaborate further on the nature of the engagement in the supervisory relationship, I would like to address the issue of regression. Solnit (1970) writes: "The learning or edu-

cational supervisory situation promotes identification rather than transference and is not based on conditions that encourage or are likely to evoke regression" (p. 360). This is one of the strongest arguments against viewing supervision in terms of treatment. Frijling-Schreuder (1970, p. 363) states that "the supervisory situation, in contrast to the training analysis, does not stimulate regression." This is true. However, while it is not the aim of the supervisor to actively induce regression, regression does occur and may even be necessary in order to achieve the analytic supervisory goals outlined above. "Supervision is an intense, emotionally charged experience for the developing psychoanalyst," writes Baudry (1993, p. 588). Doehrman (1976), more than anyone, has emphasized and elegantly demonstrated the intensity of transference reactions to supervisors. In her research she showed the way in which, for each therapist-supervisor pair, the transference triggered a countertransference reaction which led to a "bind." It was not until the supervisor entered into a "quasi therapeutic analysis of the process" that this bind could be resolved, and it was not until then that the patient's parallel bind with the therapist could be resolved. So not only does the supervisee regress, but so too does the supervisor. One can expect in supervision, as in analysis, countertransference reactions and enactments to occur.

Some of this is not new. Two panels (Panel, 1956; Panel, 1957) recognized that students might benefit if their emotional reactions to patients are pointed out, with the suggestion that they might discuss these with their analysts. An example of a candidate's behaving toward the patient in the same way the supervisor behaved toward the candidate was described. Another discussant described a candidate's improved attitude toward the patient after the candidate and supervisor openly discussed their mutual attitudes. However, the recommendation was that the task of supervision is to teach and that these issues are best dealt with in the candidate's analysis.

Ekstein and Wallerstein (1958) were the first to address the powerful affective and interpersonal aspects of supervision.

They describe the way in which a student's "learning problems" can shed light on, and in fact stand for, the problems which exist between therapist and patient. They outline a parallel process in which the therapist's problems in supervision are related to the patient's problem in psychotherapy and vice versa. They recognize that the development of the student's professional self is enhanced by a teaching method that "does not deny the affective, the interpersonal aspects in the teaching as well as the therapeutic situation. Other teaching methods, particularly those that are based primarily on information giving—the authoritative transmission of technical advice—will tend to obscure these patterns" (p. 178). However, they restrict their use of transference, countertransference, and resistance to the therapy situation and talk instead of "learning problems" in the supervisory situation.

Arlow (1963) was the first to spell out clearly the parallel process which occurs in supervision. He demonstrated the ways in which the analyst identifies with the patient and unconsciously repeats this particular aspect of the material in the supervision. He wrote about some of the similarities between analysis and supervision and about the frequency of transient identifications both in the analyst and in the supervisor. However, he states:

Only rarely do I find it necessary to make the therapist aware of this identification. It would be erroneous to conclude from the examples cited above that the main function of the supervisor is to consider the therapist's countertransference and to deal with it during supervision in an analytic way (p. 582).

Now let us return to the nature of the engagement. Solnit (1970) suggests that "[t]he tendency to guide closely the student's technical management of his analytic patient places the student's development as an analyst at risk" (p. 362). Though it is implied in many papers, Lebovici (1970) stands out by clearly stating that the supervisor must be interested in the candidate. This echoes Boesky's statement that the analyst must be emo-

tionally engaged with the patient. Lebovici states that a candidate is bound to displace elements of the transference onto the supervisor and strongly declares that supervision be considered “not as a teaching procedure but rather as a condition of the transmission of psychoanalysis from one generation to another . . .” (p. 385).

Lebovici adds:

[T]he supervisor should resemble an analyst working with his patient. . . . The experienced analyst who directly advises the candidate in fact despises him and forbids him to become an analyst, free with himself and his unconscious. . . . The goal [of supervision] is to make the dynamics of the treatment and its continuity understood and *felt* through the associative processes and resistances together with the regressions that they determine (pp. 388-389, italics added).

This approach to supervision, while mindful of its limitations—i.e., that it is not treatment but rather a way of developing the candidate’s analytic self—provides a different but more “analytic” experience. By “analytic experience” I mean an experience that facilitates analysis, that permits the candidate to understand features of his own analysis more concretely. The following vignette will illustrate this point and serve as a springboard for further discussion.

Dr. A had been my supervisor for Mr. C for one and a half years. When Dr. A’s wife became seriously ill, he decreased the frequency of our meetings to every other week. After her death, three months later, he took a month off. During that time I sent him a condolence card in which I told him that I had appreciated and admired his ability to be as available to me as he had been during this difficult time. I added: “My thoughts are with you.” I felt this genuinely as I had not seen any significant change in his ability to supervise and as I imagined what it was like for him. I was also beginning to work on this paper which he had inspired.

On the day of his return he thanked me for the card though

he had not yet read it. In a session I presented shortly thereafter Dr. A pointed out a number of ways in which I missed or deflected Mr. C's homosexual transference. This appeared in the context of the patient's loneliness on weekends. I found the supervision session helpful, and I began thinking about what may have contributed to my countertransference. My thoughts turned to the card I had sent Dr. A and to the slight discomfort I had felt about the fact that he had not commented on its content. I started putting together what my fantasies had been. I had been hesitant to express my thoughts on the card because I felt they revealed more openly my idealization of him. I had even wondered if I had been too "forward." Yet Dr. A had been particularly helpful to me in being more genuine with my patient, and I saw my openness with him as a direct expression of the fruits of our work. His not commenting on the content of the card revived my doubts. I now realized that I had imagined he was uncomfortable with my admiration of him and my expression of warmth because it was a bit "too close for comfort" and homosexually tinged. I saw the parallel in my patient's relationship with me and decided to bring it up with Dr. A, since in the past this kind of discussion had been very useful.

I began the next supervision session by giving him a check and asking him if he had sent me a bill. Since I had moved to a new office, my mail had not been delivered regularly. He said he had mailed it but recalled that even though I had given him the new address, he had sent it to my old address. I then shared with him the above thoughts. He commented at one point that he wondered why I had felt uneasy, because he felt I had acted as a good friend. I concluded my remarks by saying that I understood now that I had identified with my patient and attributed to Dr. A my own countertransference of which I had not been aware. He agreed with my assessment. He then added that in an indirect way I was also saying: "Dr. A, why don't you practice what you preach?" He said that by not being sensitive to the importance of my openness he was keeping me at a distance. He also reflected on our interaction at the beginning of the session



and pointed out that his using my old address was further evidence of this parallel process and illustrated how the parallel process goes both ways.

As a result of this interaction I felt relieved, and I also realized that I had felt troubled and self-critical of my countertransference. To see it now, in action and openly discussed by Dr. A, enabled me to place it in perspective as part of the analytic work at hand and something that needed to be further analyzed. To borrow Oberman's words, this personal experience was related to the transference I had toward my supervisor. It was not just a neurotic residue. I could now use it as a tool of the trade and process it to understand better my countertransference and the patient's transference. It also gave me an opportunity to look deeper into the issues behind my being indirect with Dr. A. This led me to recognize that one of the aspects of my idealization of him was a reaction formation. It had been difficult for me to let myself be aware of feeling left out when he had reduced the frequency of our supervision because of the circumstances that made this change necessary. How could I be angry with him when he had to deal with his wife's imminent death? In part I was also identifying with the patient who felt lonely and left out on weekends. In the next few sessions with Mr. C, I found myself feeling more relaxed, more aware of homosexual themes and more comfortable interpreting them.

Countertransference difficulties cannot be resolved in supervision. However, supervision can be an effective stimulus for self-analysis and continued work on one's own analysis. If Dr. A had simply pointed out countertransference problems and recommended further analysis, I would not have felt comfortable sharing with him my self-observations. His openness in response created the condition for an analytic experience to occur in the supervisory situation. He was an analyst at work. Did that make me a patient? Yes and no. I was acting like a patient in the sense that my problems were being discussed and that I was offering my free associations and self-observations. However, I was not a patient, in that the roots of these problems were not part of the

work. They were neither explored nor interpreted. Instead, Dr. A offered his insights into the process and his own self-observations. This is an example of what I would call analytic supervisory tact, a notion which deserves further exploration. I felt like an analyst at work, working with him. We were both struggling with unconscious forces, motivated by my desire to be a better analyst and by his wish to be a good analytic supervisor. We both encountered resistances: I in my relationship with Mr. C and with Dr. A, and Dr. A in his relationship with me. The fact that they were openly talked about in the supervision brought about an analytic experience which increased my understanding of what was getting in my way and enabled me to be more available as an analyst to my patient, to make more efficient use of my analyzing instrument. I think this is the experience of most students who are supervised by analysts who make the analytic process between student and supervisor an integral part of the work (Adelson, 1995; Doehrman, 1976; Sarnat, 1992).

I think we can now shed some light on the nature of the resistances involved. Ekstein and Wallerstein (1958) spoke of the supervisee's "resistances to learning," in part to stay on the educational side of the process. Would it not be more fruitful to understand these as resistances to becoming an analyst? If so, then we could usefully talk about the possibility of a corresponding counter-resistance on the part of the supervisor to being an analytic supervisor in the sense used above. These resistances are an integral part of the struggle and satisfaction of being an analyst. Orgel (1989) spoke to this issue in his passionate address to the Board on Professional Standards:

To want to be an analyst means to want preconsciously . . . to keep the wounds of unconscious conflict in oneself and one's analysand open for deeper and deeper scrutiny. . . . I have seen evidence in students, colleagues, and myself that defenses against the emergence and exposure of the analyst's terrifying and/or forbidden drives take the form of resistance to doing analysis in much the same way, if less fixedly and intensely, as they do to being a patient in analysis (p. 532).



This is true of the supervisor as well. However, since the supervisor is more experienced, his or her resistance is less fixed and less intense. This places the supervisor in the position to be able to help the supervisee with his or her resistance. An important part of this is to help the supervisee experience and tolerate resistance as an integral aspect of being an analyst. This is where the use of the parallel process, as it unfolds in the supervisory relationship, can be especially effective. It is all the more effective if supervisors are comfortable enough to talk about and demonstrate instances in which the parallel process also applies to them and their contributions to the relationship.

Supervision is a pedagogic experience. It can be thought of as the relentless pursuit of the free associative links of the analytic process. One analyst, more experienced, shows another, more subjectively and emotionally engaged, how to listen and how to intervene. The question, of course, is: How does the supervisor best show that? The pedagogic value of supervision rests on how well methods of listening and intervening can be conveyed, given a particular supervisor-supervisee dyad. Like analysts, supervisors have at their disposal a range of interventions. They have to use their judgment in handling the parallel processes, supervisees' conflicts, and transference manifestations. Their task is to understand each patient's dynamics and help supervisees with technique and with the manifestations of their countertransference. For supervisors to listen also for manifestations of the parallel process, both in supervisees and in themselves, and to formulate an intervention which is affectively immediate and promotes a useful analytic experience requires profound analytic involvement. It requires listening with a fourth ear, and it is an arduous task. However, when skillfully handled, it enhances the pedagogic value of supervision without blurring the distinction between supervision and analysis.

Some analysts object (Holtzman, 1993) that supervision which focuses on process promotes transference. This is associated with concerns about interfering with the candidate's analysis. It is a very important concern and one which deserves more scru-

tiny and documentation. I would like to discuss it in light of additional material on the above vignette.

During the months following the supervision session reported above, there were many more instances of my countertransference difficulties related to the patient's homosexual transference. It was also during the same period of time that homosexual issues emerged more clearly and came gradually to the forefront of my own analysis. They were connected to painful longings for an absent important object. This helped me further understand my identification with Mr. C, who was reacting to weekend interruptions and the intensification of my feelings following Dr. A's reducing the frequency of our sessions.

One hypothesis is that Dr. A's supervisory style promoted a transference regression which interfered with my analysis. I displaced these conflicts onto him, away from my analyst, and in that way delayed dealing with them. Another hypothesis is that I was not ready to deal with these issues in my analysis. Later I became more prepared to deal with them under the influence of my patient's treatment situation, of the transference regression in my relationship with Dr. A, and of his handling of the supervisory process in a way which highlighted these issues. I am not suggesting that this was the primary catalyst for this change. However, I do think it played an important part, and for good analytic reasons. These vignettes illustrate the kind of facilitative interaction between supervision and analysis which can occur as a result of this style of supervision. Such interaction is an important ingredient needed to achieve the supervisory goals outlined previously. Other kinds of experiences and human encounters can also provide occasions for significant self-observations and insights to be explored in analysis, where the dynamic and genetic elements can be better addressed.

When we look at a relationship as promoting transference, it is useful to ask: "In the service of what?" We know that transference is a part of any relationship. For patients the regression can be intense in close relationships. It can be a displacement and serve as a resistance in treatment. Within these relationships there is no opportunity to enhance the patient's analytic expe-

rience except insofar as the patient reports it to the analyst and the analyst deals with it. Alternatively, if the transference regression occurs with someone else who attempts to analyze the patient, then a split in the transference occurs which does interfere with treatment. It seems to me that the supervisory situation is unique in this regard. The above vignettes illustrate that the transference regression which can be promoted in supervision can be used in the service of promoting an analytic supervisory experience. This experience facilitates not only the supervisee's analytic work with the patient but also the supervisee's own analysis. This is very different from using this regression to analyze the supervisee. What that difference is deserves further clarification.

Baudry (1993), more than anyone, has addressed this issue. His paper is sensitively written and rich with clinical examples. He makes it clear that

the dynamics or origins of the supervisee's conflicts are strictly off limits, no matter how obviously they might present themselves. The only area to be addressed includes the elements which directly interfere in an operational way with the candidate's work functioning (in this, I include the treatment and the supervisory alliance) (p. 594).

I think these are useful guidelines which help define the nature of the supervisor's interventions. He then adds:

I believe some minimal personalization of the relationship helps decrease the mystique and excessive idealization commonly encountered; yet this should not go too far because of the possibility of interfering with the analysis by setting up too gratifying a counterpart (pp. 594-595).

This statement addresses concerns often expressed in the literature about going "too far" toward analyzing the supervisee. While this is a legitimate concern, phrasing it this way makes it an issue of quantity rather than the selection of principles that shall guide the interventions. It gives an impression of containing and managing rather than being analytic.

Baudry offers guidelines as to when to intervene in the relationship:

- 1) If there are problems in the relationship.
- 2) If there are problems in the learning alliance.
- 3) If there is a high level of negative affects in the supervisee  
... (p. 601).

Yet he also squarely addresses problems that can develop when the relationship between supervisor and supervisee is not taken up. In fact, I find it significant that one of the examples he chooses is that of a trainee who was considered a “model supervisee” and whose accommodating style did not surface as a “problem” until after graduation. In other words, “no problem” was a problem. That should not be surprising. Conflicts in relationships and resistances to learning how to become a psychoanalyst and to learning about oneself are ubiquitous. Therefore, could we go a step further than Baudry and suggest that if elements of the relationship are not taken up, then problems are bound to arise whether or not they are recognized at the time? Part of the reason is, to use Baudry’s own words, that “it presents a model of ignoring interpersonal relationships as a solution to certain conflicts” (p. 603). Also, “if a candidate is unable to resolve a conflict experienced with a patient, the candidate is likely to bring this conflict to supervision in a different version. *The conflict can best be overcome if it is confronted in the arena where it is dynamically active*” (p. 598, italics added). This is in line with Sachs and Shapiro’s (1976) interpretation of parallelisms in case conferences in order to arrive at “a teaching methodology which, like therapy itself, provides an emotionally based learning experience for the participants” (p. 394).

The principles guiding the supervisor can be restated as follows: the relationship between supervisor and supervisee is an integral part of the supervision; the supervisee’s dynamics and genetics are off limits; the elements of the resistance to learning how to become a psychoanalyst need to be taken up as they appear first in the treatment and then in the supervisory rela-

tionship; the supervisee's and supervisor's self-analysis as to their individual contributions to the process will facilitate the enhancement of an analytic experience. I think this is part of what Doehrman (1976) had in mind when she referred to the supervisor's entering into "a quasi therapeutic analysis of the process" (p. 73).

I also favor Baudry's notion of a supervisory contract. He describes finding out the supervisee's experiences and goals as a way of facilitating the start of supervision. I think it would be useful for the contract to include the ideas contained in the above principles. Our contract with patients is generally expressed in the following terms: they tell us what is on their minds as freely as possible, and our role is to help them understand themselves. So, too, in supervision the contract can be stated in terms of inviting the supervisee to say openly what she or he has in mind about the case; the supervisor's role is to help the supervisee develop as an analyst with this particular patient. These principles are not intended as a prescription but rather as guidelines for both participants to keep in mind.

This exploration leads to a reconsideration of Solnit's statement that "supervision is more than teaching and less than treatment." What is notably absent in the literature on supervision is an attempt to elucidate a theory of the supervisory process. This can give the illusion that we are operating without theoretical assumptions.

In addition, no one has brought to the fore Schlesinger's (1981) rather sobering statement: "none of us was trained to be a supervisor" (p. 38). I wonder if the problem is due in part to a faulty theoretical assumption. The assumption is that there is a continuum with didactic teaching on the one end and psychoanalysis on the other. An integral aspect of this assumption is that the more the transference enters into the purview of the supervisory process, the closer it resembles analysis and the greater the risk of its degenerating into the analysis of the supervisee. The risk is there. It deserves to be clearly stated and watched for. What is faulty is the implication that this is the only track on which the transference can travel.

Perhaps the ideas raised in this paper can open the door to a different theoretical point of departure, away from the continuum hypothesis. Instead, we can start with the hypothesis that transference is ubiquitous and that it will manifest itself in the supervisor-supervisee relationship. Our task, then, is to clarify the optimal ways to handle the transference manifestations as they relate to the particular case at hand, at this particular time, with this particular supervisor-supervisee pair, with the goal of enhancing the supervisee's development of an analytic identity. This approach also enables us to raise questions such as: What are the effects on the supervisee of ignoring such transference manifestations? A theory of supervisory technique can allow for individual style and characterological preferences, as does a theory of analytic technique. As DeBell (1981) put it: "we can assume a shared set of principles and aims for a variety of supervisors and still observe a variety of means of applying those principles in order to accomplish those aims" (p. 39).

Ornstein (1995) has deplored the tendency of our training system to indoctrinate candidates rather than to teach them to think analytically. He writes:

It is here (in supervision and clinical seminars) that the lack of a coherent psychoanalytic pedagogy is most glaring. Supervisors and seminar leaders rarely "enter" the treatment process presented to them (p. 19).

In Ornstein's view the supervisor, as an external observer, has his or her own perspective, and this is what tends to become the topic of discussion. The risk is that the candidate comes away indoctrinated by an authority. Ornstein recommends a discussion, in supervision, of the treatment process from the candidate's perspective to allow discovery of how patient and candidate communicated: "whether they were on the same wavelength or talked past each other or at cross purposes; and what the productive and unproductive interventions were . . ." (*ibid.*). He believes this process of discovery would encourage analytic thinking. I think this process of discovery can be enhanced through the relationship with the supervisor. The ideas pre-



sented in this paper represent another avenue for the supervisor to "enter" the treatment process in a way which encourages analytic thinking.

Education is not psychoanalysis, but applying our analytic understanding can be helpful when it comes to educating. The concept of a learning alliance is useful, in that it helps distinguish the learning situation from the treatment situation. But it tends to obscure the fact that learning problems are based on conflict and resistance, that conflict and resistance occur in both supervisee and supervisor and require active dynamic immediacy in order to be effectively addressed. This sets in motion the working through process necessary to facilitate learning and the development of one's analytic identity.

I would like to suggest that serious consideration be given to teaching a course on the supervisory process as part of the core curriculum for analytic training. Such a course could serve as a forum for an open dialogue about differing viewpoints. More important, a deeper understanding of the supervisory process would help candidates use their supervisory experiences to enrich their development as analysts.

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## Attachment and Separateness in the Experience of Symbiotic Relatedness

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## ATTACHMENT AND SEPARATENESS IN THE EXPERIENCE OF SYMBIOTIC RELATEDNESS

BY RACHEL B. BLASS AND SIDNEY J. BLATT

*Symbiosis is a central theoretical construct in a number of psychoanalytic formulations of personality development, yet its validity has recently been challenged. On the basis of a model of development that views self identity as emerging through a dialectical interaction of two primary developmental lines—attachment and separateness—we suggest that the intrapsychic state of undifferentiation denoted by the term symbiosis refers to two distinct kinds of experience. In terms of attachment it refers to an experience of merger; in terms of separateness, to fusion. An examination of these two dimensions clarifies some of the contemporary challenges to the concept of symbiosis and furthers the understanding of the role of the varied experiences of symbiotic unity in development as well as in psychopathology.*

In this paper we put forth a new way of looking at the psychoanalytic concept of symbiosis which provides a response to the latest critiques of the concept. We introduce the concept and then turn to the two major criticisms leveled at it in recent years. We refer to these criticisms as “challenges” to which psychoanalysis must respond if the concept is to be useful. We then turn to a developmental perspective to clarify the concept more fully. We contend that one dimension of symbiosis is experien-

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tial. *Experiences* of symbiosis are, to a large degree, qualitatively determined by the nature of the developmental aim which underlies them. The link between symbiotic experience and specific developmental aims highlights one aspect of the clinical value of the concept. It enables us to place experiences of symbiosis into the network of existing psychoanalytic formulations and to clarify differences and contradictions between various formulations of symbiosis and the experiences they can encompass.

After clarifying the experiential dimension of symbiosis, we consider its role in early development. We highlight the importance of viewing symbiotic experience within structural development, especially within the interplay between the internalization and integration of experiences of symbiosis and the development of self- and object representations. Examination of this complex interaction also provides the basis for a fuller understanding of psychopathology. Thus, we move from development to psychopathology, demonstrating that the concept of symbiosis is central to understanding both normal and impaired psychological development.

The concept of symbiosis has been used to describe both intrapsychic and interpersonal states. It has defined a form of "mutual dependence" (Pollock, 1964); it has been considered both synonymous with "primary narcissism" (Loewald, 1960) and an expression of early object love (Lichtenstein, 1977); and it has been presented as a necessary stage in both cognitive (Pine, 1985) and emotional development (Giovacchini, 1972). The concept of symbiosis was readily accepted in psychoanalysis with its introduction by Mahler in the 1950's,<sup>1</sup> probably because of its multiple meanings. The ambiguity of the concept facilitated the transition from Freud's economic formulations of early

<sup>1</sup> Alice Balint (1949) and Therese Benedek (1949) made earlier uses of the term, but Mahler was the first to assign "symbiosis" a prominent role as a distinctively psychoanalytic concept.

psychic development to broader relational frameworks. Thus, for example, while retaining the “classical” psychoanalytic conception of an original reservoir of libido within an undifferentiated ego with its concomitant omnipotence, the concept of symbiosis at the same time stressed that these narcissistic phenomena take place within the primitive relational context of a “dual-unity” (Mahler, 1968, p. 221, n.). The ambiguity of the concept allowed for its integration into the divergent streams within psychoanalysis. Melanie Klein’s concepts of projective identification, formulations of primary object love emerging from the Hungarian school of object relations (especially A. Balint and Hermann), Hartmann’s and Jacobson’s formulations of the development of self- and object representations, and Winnicott’s conceptualization of the transitional area all found some common ground with Mahler’s broad formulation of symbiosis (Grotstein, 1984a).

It is, however, the concept of “*undifferentiation*,” rather than the ambiguity of the concept “*symbiosis*,” that provides the actual theoretical bridge between Mahler’s formulations and those of other psychoanalytic theorists. “The essential feature of symbiosis is hallucinatory or delusional, somatopsychic omnipotent fusion with the representation of the mother and, in particular, the delusion of a common boundary of the two actually and physically separate individuals” (1968, p. 9). “We use the term *symbiosis* . . . to refer to . . . a feature of primitive cognitive-affective life wherein the differentiation between self and mother has not taken place, or where regression to that self-object undifferentiated state (which characterized the symbiotic phase) has recurred” (Mahler, et al., 1975, p. 8). Other terms are often used to describe this state of undifferentiation, including “merger” (David, 1980; Jacobson, 1964; Pine, 1985), “fusion” (Nacht, 1964; Rose, 1964, 1972), “primary narcissism” (Grunberger, 1971), “projective identification” (M. Klein, 1955), as well as the term “undifferentiation” itself (Stolorow and Lachmann, 1980). While each of these terms denotes additional factors related to the specific theoretical context within which they

are situated, they are united by the common dimension of undifferentiation. In his examination of the concepts that have been introduced in various formulations of the symbiotic phase, Lichtenstein (1961) notes that ultimately "all these terms express the fact that the relations between mother and infant, from the infant's viewpoint . . . represent an inner state of oneness in which there is no differentiation between the infant's I and the mother's" (p. 65).

## TWO CHALLENGES TO THE CONCEPT OF SYMBIOSIS

In the past decade the validity and usefulness of the concept of symbiosis has been challenged from two different directions. One direction is empirical and explicitly posed: the major argument is that a normative primary state of undifferentiation is not tenable in light of recent infant research. Numerous studies indicate that interactive (Sander, 1962, 1977; Thoman and Trotter, 1978), affective (Stern, 1985), and cognitive (Fantz, 1963, 1965; Kron, 1966; Lipsitt and Kaye, 1964; Stone, et al., 1973) capacities of the infant are present at birth and during the first years of development. The general trend is to emphasize the presence, from early on, of functions and structures previously believed to evolve or to be acquired only in the course of many months of interaction within a stimulating and facilitating environment. Mutual behavior regulation of crying, feeding, and sleep patterns from the tenth day of life (Sander, 1977), the establishment of patterns of gaze attunement and avoidance between infant and mother during the first quarter of the first year (Beebe and Stern, 1977; Stern, 1971), as well as some earlier studies on the presence of a state of "alert inactivity" already at birth (Wolff, 1965) demonstrated that the infant emerges into the world responsive, attuned to his/her surroundings, and ready to learn from experience. Many researchers and theoreticians concerned with the psychodynamic understanding of

early development have concluded that a view of the infant as symbiotically related cannot be maintained (Emde, et al., 1976; Gaensbauer, 1982; Milton Klein, 1981; Peterfreund, 1978; Stern, 1985). "In a word, the infant senses its separateness" (Milton Klein, 1981, p. 96). Furthermore, the rejection of an original state of symbiosis leads to rejection of the idea of an ongoing desire to return to that state. If it exists at all, the intrapsychic state of undifferentiation defined by the concept of symbiosis is considered, in this view, to be primarily a manifestation of severe pathology (Eagle, 1984).

The other major challenge to the concept of symbiosis comes from the expansion of the concept in recent years, which has ultimately blurred its meaning. Mahler (1952, 1968) originally assigned symbiosis to a specific early developmental period. The continuation of symbiotic relatedness later on in life was thought to be an expression of psychosis. Despite this, almost from the start there was some recognition of normative ongoing aspects of symbiosis. To some extent, these were considered to be either regressive experiences or "moments" inherent to any progressive development (Modell, 1968; Pine, 1985) or reflections of the primitive foundations of more mature internalized relationships (Jacobson, 1964). Alongside the recognition of these normative aspects of symbiosis, however, it was also generally assumed that the maintenance of one's identity through symbiotic relationships reflects severe pathology.

Theoretical developments in the past fifteen years have led to the reformulation of symbiosis, such that many no longer consider it regressive per se, eschewing the maturity-morality implied in such designations (Bacal, 1987). Instead, symbiosis is considered to be an essential component of relatedness to others and as essential to establishing an identity. Ongoing experiences of symbiosis are assumed to be normative throughout the life cycle. "The capacity for . . . oneness with objects is never completely lost. The boundaries between the self- and object representation within the ego remain somewhat fluid and interchangeable even into adult life" (Rose, 1972, p. 182). Giovac-

chini (1965), Pollock (1964), Rose (1971), Schafer (1968), and Silverman, et al. (1982) all described adaptive and constructive uses of this capacity for oneness. Little (1960, 1981a) and Milner (1952, 1969) explored the value of ongoing oneness or undifferentiation for mental health. Winnicott and Khan, in a more implicit way, touched upon similar issues through their examination of the need for transitional relatedness throughout life.

Others have discussed the processes of transcendence and crossing of self boundaries as necessary for sexual union (e.g., Chasseguet-Smirgel, 1973; David, 1980; Kernberg, 1977). And elements of an undifferentiated relationship have been viewed as essential to the development of the self (Erlich and Blatt, 1985; Erlich, 1990; Grotstein, 1982, 1983, 1984a, 1984b; Lichtenstein, 1961; Loewald, 1978, p. 503). But the growing interest in borderline and narcissistic disorders over the past two decades has also indicated that symbiotic relatedness can be associated with nonpsychotic forms of psychopathology as well. There are those who have even contended that narcissists should be *defined* by the fact that their "identity depends on the persistence of unconscious fantasies of fusion with objects" (Rose, 1972, p. 173; see also Rose, 1966, Grunberger, 1971, p. 75).

These extended uses of the term symbiosis as a process and state throughout the life cycle and the entire spectrum of psychopathology raise questions about the meaning of undifferentiation. Mahler's definitions of the undifferentiation of self- and object representations were clear. This clarity derived from her contention that without differentiation, *no* consolidated self-representation can evolve and there can be no real distinction between self and other or any independent sense of self identity. This explains why, for Mahler, symbiosis is found only in early infancy and in psychosis.<sup>2</sup> The application in recent years of the concept of symbiosis beyond these two extremes requires revi-

<sup>2</sup> This view maintains that the narcissist's concern with merger does not really involve a struggle with the question of identity in the sense of whether "I am I" (Angel, 1967; Pine, 1985).



sion of Mahler's definitions. The role of symbiotic relatedness in the narcissist's identity (Rose, 1966) is clearly not like its role in the identity of the psychotic. In the narcissist there is undifferentiation and yet a sense of some individuality and the cognitive capacity to distinguish between self and other. The assumption of a normative contribution of symbiotic relatedness to an ongoing sense of identity raises further questions for Mahler's distinction. Thus, underlying the second challenge to the concept of symbiosis is the absence of a theoretical framework that could adequately account for the coexistence of a state of undifferentiation with the existence of an independent identity.

Two broad responses have been made to these challenges. The first specifies structural differences between different forms of symbiosis (e.g., Gedo, 1981; Stolorow and Lachmann, 1980). Factors such as volitional control and transience have been suggested as distinguishing normal from psychotic forms of symbiosis. The distinction between actual and fantasied symbiosis has also been implicitly invoked. Such a distinction suggests that undifferentiation is not necessarily antithetical to the existence of an independent identity because in nonpsychotic individuals undifferentiation is only a fantasied experience. In actuality a distinct self has developed.

Various combinations of these ideas seem to lie at the foundation of conceptualizations of nonpsychotic symbiosis in terms of boundaries that may be suspended (Erlich, 1990; Grunberger, 1971; Milner, 1952; Nunberg, 1951), or transcended (Kernberg, 1977) or are fluid, hazy, and fragile (Rose, 1972). These ideas also lead to suggestions that cognitive aspects of symbiosis should be distinguished from affective and relational aspects, thus allowing for a symbiotic sense of relatedness to be postulated without interfering with the actual construct of self (Pine, 1986; Robbins, 1981a, 1981b). These formulations not only separate psychotic symbiosis from other forms, but they also respond to the claim that an original state of symbiosis is no longer tenable in light of newly available infant research. The infant may actually be differentiated and have capacities to dis-



tinguish self and other and yet have momentary and fantasied affective experiences of symbiotic relatedness (Pine, 1986).<sup>3</sup>

It is our view that this kind of formulation is still insufficient to withstand the challenges presently facing the concept of symbiosis. The clear distinction between actual and fantasied symbiosis cannot be maintained because the idea and experience of symbiosis is *in all cases* a fantasy (Harrison, 1986; Schafer, 1968; Silverman, et al., 1982). Inasmuch as there is no "real" state of two people being one, the fantastic experiential nature of the symbiotic relatedness must always be assumed, in psychotic and nonpsychotic alike. Furthermore, factors such as volitional control may indeed be available to psychotic and nonpsychotic individuals and there may be differences in the duration of the experience, but this does not enable us to distinguish among the different experiences of symbiotic relatedness in various forms of psychopathology at the moment of these experiences. Some formulations suggest that psychotic, as compared to nonpsychotic individuals in states of symbiosis have not formed a concept of self as separate. Such formulations, however, obscure the fact that the basic sense of self identity is fundamentally disrupted in severe character disorders as well as in psychoses (Auerbach and Blatt, 1996). Such formulations also fail to provide a theoretical framework for their implicit distinction between cognitive expressions of symbiosis (found only in the early stages of development) and affective-relational aspects (which emerge throughout the life cycle) (Pine, 1985, p. 247).

A second kind of response to the challenges facing the concept of symbiosis stresses the disjunction of behavioral evidence and psychoanalytic conceptualization (Blum, 1989; Dowling, 1989). This kind of response points out, for example, that the capacity for discrimination between stimuli does not imply the

<sup>3</sup> An additional way that these challenges have been implicitly dealt with is through periodically shifting to undifferentiation in another sense of the term. Instead of denoting a sense of being without boundaries, undifferentiation is used as a term denoting the absence of certain distinctive characteristics that normally develop with maturation (e.g., Eagle, 1984, p. 24; Pine, 1986, p. 565).

existence of a concept of self that could be distinguished from significant figures in the environment (Behrends and Blatt, 1985). And if one further argues that the "self" is not a conceptual or representational construct but rather an "experiential integration" (Stern, 1985, p. 71), then it is not clear what kind of evidence would be hypothetically capable of confirming the existence of a distinct self (in contrast to a state of symbiotic relatedness) (Zuriff, 1992). Hence, the research pointing to primary capacities of discrimination and schematization (challenge 1) does not pose a real challenge to the concept of symbiosis.

We are in agreement with this response, but it is insufficient to uphold the concept of symbiosis. It does not deal with the challenge posed by the pervasiveness of symbiotic states throughout life, partially independent of the severity of pathology (challenge 2). Moreover, this response does not provide a positive argument in favor of the concept of symbiosis. Through this response to the challenge, the concept is spared rejection on evidential grounds. But inasmuch as this response rests on a recognition of the impossibility of having any objective means of measuring or "reading" the infant's subjective experience, there is a greater need for positive argumentation.

The relevance of symbiosis as a dynamic and clinical dimension of psychological development emerges through a further exploration and clarification of the concept. This takes us beyond what is immediately implied by its negative definition as a state of *nondifferentiation* to a fuller articulation of its positive qualities.

## ATTACHMENT AND SEPARATENESS DEVELOPMENTAL AIMS

Personality development throughout the life cycle involves two fundamental developmental lines—that of attachment and that of separateness (Blass and Blatt, 1992; Blatt and Blass, 1990, 1992, 1996; Blatt and Shichman, 1983). Development in the

attachment line involves the quality of the individual's relationship—the capacity to form and maintain stable relationships and to integrate them into a sense of self in relation to an other. Development in the separateness line involves the individual as a self-contained and independent unit. Individuation, differentiation, and autonomy are developmental achievements that lead to a stable sense of self as separate with a clear sense of goals and values. The relationship between these two developmental lines is intimate and complex, with the individual's overall self identity emerging as a product of “the ongoing dialectic between the self as separate and the self as experienced in attachments to objects” (Blatt and Blass, 1990, p. 115).

Previously (Blass and Blatt, 1992; Blatt and Blass, 1990, 1992, 1996), we defined the specific stages and affective and functional components of the two developmental lines of attachment and separateness and the relationship between them through a revision and elaboration of Erikson's eight-stage model of psychosocial development (Erikson, 1950, 1959, 1964, 1968, 1977, 1982). This provided a context for the understanding of the processes of internalization and integration through which psychological development occurs.

Appreciation of *basic aims* clarifies the distinction between the attachment and separateness developmental lines as well as the distinction between object relations theories that highlight attachment and those that highlight separateness. The *aim* to attain a sense of self as separate and the *aim* to enhance attachments determine the individual's actions, thoughts, and feelings. Relationships are necessary for development along either of the lines, and all progressive development involves the emergence of a more fully integrated self. But relationships differ according to whether they primarily serve the aim of separateness or the aim of attachment. When the separateness aim predominates, the relationship is marked by a functional use of the object in the service of the preservation or gratification of the sense of self as separate; the object is recognized insofar as it contributes to this aim. Classical notions of narcissistic relation-

ships, beginning with Freud (1914), clearly reflect the underlying separateness aim, as do relationships that center on partial aims of separateness, such as the attainment of mastery and personal acknowledgment. When the attachment aim predominates, however, the focus is on the experience of attachment to the object, with recognition of the existence and integrity of the other as an inherent component of that experience. This recognition of the other, while occurring at different levels of development, always entails more than awareness of self function and gratification of self needs that the object provides. Within these relationships the individual expresses innate and lifelong needs for human contact (M. Balint, 1937, 1968; Benedek, 1950; Bowlby, 1969, 1973; Ribble, 1943; Rollman-Branch, 1960), ongoing wishes to be responded to by the other and in turn to be responsive or pleasing to the other (G. Klein, 1976; Suttie, 1935), and later transformations of such needs and wishes in the form of selfless concern (Winnicott, 1963), nonreducible needs for intimacy, mutuality (Erikson, 1950, 1959, 1982), and a sense of belonging (G. Klein, 1976, p. 229). Similarly, self-development and integration may be conceived of differently when the predominant aim is separateness or attachment. In the separateness developmental line, self-development is an ultimate aim. In the attachment line, in contrast, self-development is a necessary by-product in the course of a process of development toward increasingly mature relationships.

This focus on two primary aims of development, attachment and separateness, is consistent with Freud's (1930, p. 140) position that "the development of the individual seems . . . to be a product of the interaction between two urges, the urge towards happiness, which we usually call 'egoistic', and the urge towards union with others. . . ." The focus on these two aims also reflects our fundamental view that the individual's basic aims and motivations form the basis of any meaningful framework of psychic experience and development. The postulation of such aims on the metapsychological level gives meaning to the personal wishes, reasons, actions, and feelings of each individual (Eagle,

1980, 1984).<sup>4</sup> Moreover, the *specific qualitative experiences of interpersonal and intrapsychic events are determined to a large degree by the aim behind the initiation or prolongation of these events* (G. Klein, 1976). For example, the experience of sexual wishes and fantasies is a function of what the individual seeks to attain (consciously and unconsciously) from the object of his/her desires. The articulation of the basic aims of the individual enables us to distinguish among several different types of symbiotic experiences.

### THE EXPERIENCE OF SYMBIOSIS

Defined as a state of undifferentiation, symbiosis describes a structural relationship between representations (Blatt and Wild, 1976, p. 85). It would be inappropriate, for example, to use the term symbiosis to refer to a dependency between two individuals who are experienced as distinct, no matter how firm the tie and mutually satisfying the relationship. Furthermore, symbiosis is appropriate only when considered an intrapsychic experience (Angel, 1967, 1972; Harrison, 1986). Like many other metapsychological terms, however, the term symbiosis may be transposed to the experiential realm and may be used to define experiential states (Meissner, 1981). The intrapsychic state of symbiosis finds expression in various forms and experiences, depending on the differential involvement of the aims of attachment and of separateness.

Two broad categories of experience are traditionally associated with the intrapsychic state of undifferentiation denoted by the concept of symbiosis. In one category the experience is that of the expansion of the self to include the need-satisfying ma-

<sup>4</sup> By basic motives we mean hypothetical constructs of what serves as an impetus to human activity, including cognitive and emotional activity. Basic aims can be seen as a related construct representing the desired state of the organism. Basic motives should be distinguished from clinically observable personal motives and wishes. While the former are metapsychological, the latter are experiential constructs.

ternal part-object. This is an experience of *fusion* whereby the lack of differentiation of self and object involves the omnipotent experience of the other as part of oneself. In the other category the experience is that of *merger*. The lack of differentiation here reflects the most intimate tie between the individual and the maternal object in which the two are experienced as joined together into one. What determines the differential *experience* of the single *structural* state of undifferentiation is the kind of developmental aim that underlies that psychic state. When the state of undifferentiation is primarily formed or maintained in the service of separateness, then the experience is of fusion. And when the state of undifferentiation is primarily formed or maintained in the service of attachment, the experience is of merger. A convergence of theoretical considerations and clinical data supports this contention.

While symbiosis was never a focal issue for Freud, he does refer to both fusion and merger. Fusion is particularly noted in some of his comments on “primary narcissism” which, as a state and stage, in many ways corresponds to “symbiosis” (Grunberger, 1971; Robbins, 1981a, 1981b; Smith, 1985). Merger is most directly addressed in some of Freud’s speculations on the origin of sexuality. Additional reference is found in his discussions of “love” which, in effect, join together the two other contexts of fusion and merger. It has been claimed by some theorists (e.g., Harrison, 1986) that primary narcissism in Freud’s writings refers to an objectless state and therefore cannot be considered in terms of the relational concept of symbiosis. Careful reading of Freud (especially after 1923 [Smith, 1985]) reveals, however, that the state of objectlessness associated with primary narcissism is derived in part from the extension of the self to include the object within its boundaries.<sup>5</sup> Such an under-

<sup>5</sup> Implicit here is the paradoxical idea that a primary state of undifferentiation results from the manipulation of already existent differentiating boundaries. This paradox is repeated in many of the attempts to formulate the experience of the infant during primary narcissism (e.g., Jacobson, 1964).



standing of Freud is reflected in discussions of “primary narcissistic union” (Grunberger, 1971; Loewald, 1960) and of an initial “oneness” resulting from the blurring of boundaries between mother and child (Andreas-Salomé, 1921; Rose, 1972). Freud’s position is clearly presented through his introduction of the idea of an “all-embracing” feeling based on an original “bond” with the objects in the infant’s environment. In a discussion of Romain Rolland’s description of an “oceanic” feeling, Freud (1930) states:

[O]riginally the ego includes everything, later it separates off an external world from itself. Our present ego-feeling is, therefore, only a shrunken residue of a much more inclusive—indeed, an all-embracing—feeling which corresponded to a more intimate bond between the ego and the world about it. If we may assume that there are many people in whose mental life this primary ego-feeling has persisted to a greater or lesser degree, it would exist in them side by side with the narrower and more sharply demarcated ego-feeling of maturity, like a kind of counterpart to it. In that case, the ideational contents appropriate to it would be precisely those of limitlessness and of a bond with the universe . . . (p. 68).

Here Freud speaks of the experiences of *fusion*; the world is experienced as part of the ego. This experience is associated with a sense of omnipotence, of self-love, and self-contentment (Freud, 1914, 1915). It is clear that the aim underlying these experiences is that of separateness. What the individual attains through the primary narcissistic state and its re-establishment at later points in life is a sense of perfection (Freud, 1927), increase of self-regard (Freud, 1914), control of the maternal part-object (Freud, 1920, 1940), or mastery of the needs which that object supplies (see David, 1980, p. 92).

Freud’s speculations about the origin of sexuality point to his awareness of aims and experiences other than separateness and fusion that are associated with the state of undifferentiation. In presenting these ideas, Freud takes recourse to mythology,



pointing to the absence of a theoretical framework. Quoting Plato, Freud tells of the Greek legend of there having originally been three sexes—man, woman, and the union of the two—and how Zeus decided to cut the last of these in two. “After the division had been made, ‘the two parts of man, each desiring his other half, came together, and threw their arms about one another eager to grow into one’ ” (Freud, 1920, pp. 57–58). Freud adds a Upanishadic myth with a similar theme. In that myth the origin of the world is described as a result of “the Atman (the Self or Ego)” splitting himself into two—into husband and wife. Thus, a painful void was filled with each of the two becoming to each other like “half a shell” (p. 58, n.). Through these accounts Freud suggests that the ultimate source and aim of sexuality is the “need to restore to an earlier state of things,” an original oneness that had existed between two. Thus, the experience of undifferentiation is here associated with an attachment aim, that is, the experience of merger. The experience is not of self-expansion but of joining or rejoining. It is an elusive experience of a dual unity, requiring two complementary myths for its description. One myth emphasizes the desire for undifferentiation and the other emphasizes the necessity for some differentiation: some “division” is required for its elimination to be experienced as a filling of a “void” (*ibid.*).

Both narcissistic fusion and the attachment experience of merger are encompassed within Freud’s descriptions of the experience of the individual in love who “[a]gainst all the evidence of his senses . . . declares that ‘I’ and ‘you’ are one, and is prepared to behave as if it were a fact” (Freud, 1930, p. 66). What, on a structural level, is a “melt[ing] away . . . [of] the boundary between ego and object” (*ibid.*), on an experiential level may be either an expression of self-love in relationship with a narcissistic love-object (Freud, 1914) or an expression of an intimate attachment to an other who through love becomes merged with oneself. The former involves the aim of separateness and the latter the aim of attachment (see Bergmann [1988] on Freud’s three theories of love).

In more recent years theorists who discuss the psychic state of undifferentiation can be divided into those who consider it an experience of fusion and those who consider it an experience of merger. Implicit differential assumptions concerning the motives and needs underlying undifferentiation correspond to the kinds of experiences described by these two groups of theorists. Study of the recent discussions of undifferentiation in light of underlying motivational factors allows for a more refined awareness of the variety of experiences encompassed by symbiotic relatedness.

In the experience of fusion two basic forms of self expansion become apparent: 1) the expansion of the self's power and control, and 2) the expansion of the self-representation. The expansion of the limits of power and control refers to the less extreme form of fusion. The other is experienced as an *extension* of the self and of its agency (Schafer, 1968), and thus is subject to the control of the self's personal wishes and desires. The object becomes one with the self in the sense that it is experienced as belonging to the self (as a limb belongs to the body). Depending on the phase of libidinal development, the object may be experienced as a mouth or a breast, an anal product or a phallic extension (Rose, 1966). Winnicott's discussion of the infant's omnipotent fantasy of the control of the mother's breast exemplifies this form of expansion. In experiencing mother first as a "subjective object" (1962, p. 57) and then later as "transitional object" (1953), infants maintain the illusion of the power to create the breast through their need for it. Some of Winnicott's followers continue to emphasize this kind of fusion. Modell (1968, p. 35), for example, writes: "The creative illusion that denies the sense of separateness between the self and the object is an illusion of action at a distance." In terms of aims, illusions of this kind create a sense of mastery, control, and omnipotence (see also Rose, 1971) and thus are conducive to the development of a sense of self as separate.

In contrast to this experience of an expansion of power and control, the experience of fusion can also be associated with an

expansion of the self-representation. Here the individual experiences the self and the other as one and the same. This form of fusion is often described in terms of oral incorporative fantasies, the wish to devour the object and thus to become one with it (Angel, 1972, p. 542; Jacobson, 1964, p. 38). Among those who emphasize this form of fusion are many ego psychologists (e.g., Blatt and Wild, Giovacchini, Jacobson, Schafer, Silverman). Schafer (1968, p. 152), for example, describes an experience in which the subject feels "as if there were only one person, not two." He goes on to affirm that "incorporative wishes and fantasies are also involved in it, the hypothetical prototype being the infant's fusion of rudimentary self and object images in the nursing situation." He continues: "... it is undifferentiated unity that is experienced or sought rather than the relation of one person to another" (*ibid.*). This form of fusion also emerges, in more Kleinian terms, in discussions of the process of projective identification. Most notable in this regard is Grotstein's (1981) analysis of "fusional oneness" and "blurring [of] the distinctions between the self and object" (p. 128) obtained through that process.

The undifferentiated unity or fusional oneness, as in the case of the expansion of the self form of fusion, expresses primarily underlying separateness aims. Control, autonomy, and mastery (Giovacchini, 1972, p. 151; Grotstein, 1981, p. 124) as well as the omnipotence of the expansion of the self (Grunberger, 1971, p. 75; Jacobson, 1964, p. 44) and the rectification of its ego functions (Burnham, et al., 1969; Jacobson, 1967) are among the major partial aims underlying and maintaining this form of loss of self-object boundaries. As Silverman, et al., (1982) concluded in their analysis of the various psychological needs satisfied by the symbiotic experience, "there is no contradiction . . . between wanting oneness and wanting separateness . . . [●]neness gratifications . . . in a process largely unknown to us actually deepen [the sense of self]" (p. 129).

The difference between the two forms of fusion, the experience of the expansion of power and control and that of the

expansion of the self-representation, was recognized by Freud in a brief note on forms of identification in the object relations of children. He distinguished between “having” and “being”: the latter experience is “I am the breast” and the former is “I have it” (Freud, 1941, p. 299).

In fusion individuals may be active or passive, either experiencing their control extended to the other or experiencing the control of the other extended to themselves (Khan, 1969; Rose, 1966). They may experience themselves as devouring the object or as being devoured by it (Angel, 1972). Involvement of aggressive drives, defense (Angel, 1967), and the need for security from an omnipotent figure (Modell, 1968) are some of the factors that determine whether active or passive modes of fusion will emerge.

The separateness aim not only defines a specific category of experience of the intrapsychic state of self-object differentiation—fusion—but it also gives it a unique experiential flavor. Here the (intrapsychic) relatedness to the object is only a means to the consolidation and gratification of the self as separate, and this is reflected in the nature of the experience. The experience of the other as an extension or as one with the self (and vice versa) is paradoxically characterized by an elimination of the object and of the sense of relatedness to it. What is sought is an experience of the self as a monad (or in the passive form of the object alone). What is lacking is the experience of “true attachment” (Blass and Blatt, 1992) to the object.

The sense of “true attachment,” however, is found in the symbiotic experience of merger, which is considerably less variegated than that of fusion. This experience always has at its foundation, even if in primitive form, the sense of intimacy that may be tied to the idea of “we are one.” The understanding of the experience of merger and its underlying aim of attachment has been notably furthered by the Hungarian school of psychoanalysis beginning with Ferenczi (1913). M. Balint’s (1952) concept of “primary object love” and Hermann’s (1936) concept of

*"Dual-Einheit"* contain important attempts to conceptualize that experience. Lichtenstein (1961, 1970, 1977) has elaborated the experience of merger, drawing heavily on these earlier works. Countering the argument that a loving attachment to the object requires clear differentiation from it, Lichtenstein (1961) highlights both the primary form of attachment to the object and the undifferentiation found in the earliest stages of development which, in his view, continue to some degree throughout the life cycle. "The infant is one with the mother but simultaneously there is a primary relatedness" (p. 72).

David (1980) and Pasche (1965) have also attested to a unique experience of undifferentiation that is desired for the sense of attachment that it provides. Speaking of the reasons for wishing to merge with the maternal part-object, David (1980, pp. 93-95) explains that there is a wish to return to "the lost paradise of sucking at the breast" that goes beyond "simply fulfilling the goals of sexual and narcissistic satisfactions alone." Pasche (1965, p. 161) adds that this wish for the experience of merger "could be explained in no other way" than by the fact that "the natural unit is not simply 'I' or the ego as subject, but 'I' *with* the 'Other.' "

Merger experiences are also discussed in the works of theorists (e.g., Jacobson, Kohut, Mahler) who have emphasized separateness. While their theoretical bias toward separateness ultimately restricts their understanding of the state of merger to an overall separateness aim, thus equating merger and fusion, descriptively they provide illustrations of merger and implicitly introduce attachment aims as factors motivating this kind of undifferentiation.

While merger is a more unitary category of experience than fusion, here, too, variations occur according to the active-passive dimension. The wish to reunite may be felt either actively as a wish to draw the other to oneself, or passively as a feeling of being drawn to the other. Within the reunion itself, however, distinctions of this kind are ultimately lost. As in the case of

fusion, it is the underlying aim—here that of attachment—that provides the framework for understanding the various forms of this experience.

Thus far we have elucidated the concept of symbiosis as a variety of experiences of relatedness determined by and reflective of the different forms of basic needs and aims underlying the intrapsychic structural state of undifferentiation. These symbiotic experiences tell us not only of the hypothetical structural state of undifferentiated representations but also of the various motives underlying the experience of this state.

The relevance of the concept of symbiosis is further highlighted by applying it to the process of development with awareness of its different dimensions—i.e., the dimensions of experience (forms of fusion and merger), structure (undifferentiation), and underlying basic aims (separateness and attachment). It was in the developmental context of infant research as well as in work on psychopathologies that the challenges to symbiosis emerged. It was contended that notions of symbiosis contradict evidence regarding the neonate's and infant's degree of differentiation. It was further contended that since symbiotic states may be found in various pathological groups as well as in individuals with a well-integrated identity, the meaning of symbiosis and undifferentiated representations of self and other is no longer clear. Applying our conceptualization of symbiosis as fusion or merger to the developmental context enables us to respond to these contemporary challenges.

## EXPERIENCE OF SYMBIOSIS AND THE DEVELOPMENTAL PROCESS

Based to a large extent on Mahler's work, psychoanalysis has traditionally posited that identity emerges from symbiosis—and can be achieved only when the individual differentiates and sets himself or herself apart from the mother-child dual unity. This approach to development equates "separateness" and "differen-



tiation.” The attainment of separateness is considered tantamount to the consolidation of boundaries of self- and object representations. However, optimal experiences of undifferentiation not only facilitate a *consequent* emergence of identity but, in and of themselves, provide an essential context for the development and *maintenance* of self identity throughout the life cycle. Lichtenstein posits that it is “the early mother-child unit and not its breaking up [that constitutes] the primary condition for identity in man . . . [Thus] the very extremeness of the symbiotic relation . . . becomes the very source of the emergence of human identity . . . [E]ven as an adult, man cannot ever experience his identity except . . . within the variations of a symbiotically structured *Umwelt* (Lichtenstein, 1977, pp. 72-73). Little (1981a, pp. 123-125) posits a similar relationship between symbiosis and identity: “I am postulating that a universal idea exists as normal and essential as the oedipus complex . . . an idea of absolute identity with mother upon which survival depends. The presence of this idea is the foundation of mental health, development of a whole person, and the capacity for holistic thinking . . . it is the *sine qua non* for living continuously in one’s body, for having an identity, and for being identical with and able to make assertion or statement of oneself.” Kohut’s (1980) notion of the existence of the self within a “matrix of self objects from birth to death” (p. 478) also contains the basic idea of identity being maintained within the symbiotic context. As Grotstein (1982, p. 65) explains: “one of the most significant ramifications of Kohut’s unique conceptualization of the selfobject phenomena is the subtle inference one gets that the boundaries of the infant’s mind transcend the confines of his/her body and include the body of its mother. A further inference is that this subject-object redefinition of individuality transcends ‘oneness’ per se and encompasses ‘two-ness’ as well as ‘one-ness’ for normal adults as well.”

In the early phase of development, corresponding to Mahler’s stage of symbiosis, experiences of fusion and merger coexist (Blass and Blatt, 1992). That is, the unitary psychic state of



undifferentiation is experienced in two primary forms corresponding to the two lines of development, separateness and attachment. The infant nursing and falling asleep at the mother's breast experiences both (a) omnipotent fusion—the experience of being, owning, or creating the breast and (b) the oneness or dual unity of merger—the experience of being intimately bounded to the mother (see Pine, 1985). “Within an individual both survival and the ability to find objects with which relationships can be formed depend upon the existence of a unity which comes from the entity mother-infant” (Little, 1981a, p. 125).

Elsewhere we have discussed how the internalization and integration of relationships along the developmental lines of both attachment and separateness are essential to the formation of an integrated sense of self identity (Blatt and Blass, 1990). We have noted that the relationships that are normatively internalized in the course of development involve varying degrees of self-object differentiation throughout the life cycle (Blass and Blatt, 1992).<sup>6</sup> With the internalization of the relationship with the mother, the experiential quality of that relationship is internalized as well (Blatt and Behrends, 1987; Blatt and Blass, 1990, 1996). Experiences of merger and fusion, therefore, both lie at the foundation of the individual's internal world. These very early experiences of undifferentiation remain as basic ingredients of the individual's sense of self, effecting the kinds of relationships the individual will actualize in an attempt to maintain a sense of self

<sup>6</sup> While the issue of the internalization and internal representation of relationships prior to the formation of distinct concepts of self and object is in need of further study, two main approaches are implicit in the literature. In one approach, representations exist only of distinct objects (whether part or whole objects). Accordingly, self-object undifferentiation is represented as absent or dissolving boundaries between distinct representations of self and object (Hartmann, 1964; Jacobson, 1964; Kernberg, 1976). The other approach emphasizes that what is internalized are forms of relationship (Loewald, 1980) and assumes that the undifferentiated relationship may be represented as such (Grotstein, 1984b; Schafer, 1968, p. 224). Our position is in line with the latter approach. Thus, representations of the symbiotic relationship continue throughout life alongside representations of the distinct relationship between self and object, both kinds contributing to the comprehensive sense of self identity.

cohesion. The nature of the dialectical process between optimal experience of undifferentiation on the attachment line (merger), and optimal experiences of undifferentiation on the separateness line (fusion) will also have an important impact on the development of the sense of self.

Within this context, what determines the different manifestations of symbiosis in the clinical and nonclinical context are (a) the extent to which a well-consolidated representation of the self, as distinct from the object, has developed, and (b) the degree to which the early experiences of symbiosis have been well integrated with other components of self identity. Recognition of these factors further clarifies how the conception of infantile symbiosis may be reconciled with recent data indicating the neonate's highly developed capacities and may enhance our understanding of the developmental process.

When early experiences of undifferentiated relatedness are optimally internalized and then later integrated with internalizations of relational experiences with distinct objects, internal representation of the early self-object undifferentiated state remains as a latent component of the individual's overall sense of self identity. As such, this component provides the basic sense of oneness underlying all close forms of relationship along the attachment line. Along the separateness line it provides a healthy sense of omnipotence, i.e., a basic sense of belief in one's potency, effectance, and control, in interaction with the environment (Schaffer and Blatt, 1990). Merger and fusion are thus inherent or embedded in a variety of interactions but do not interfere with individuals' realistic perceptions of themselves or of others. Experiences of undifferentiation can become more central, leading to an intense sense of either merger or fusion. This is most noted in love relationships and religious experiences (Allison, 1967). While self-reflection may enable this experience to become conscious, more often it remains a form of primary process (Schafer, 1968), retaining an illusory quality. The individual (unconsciously) believes and acts as if he or she were one with the object, and the illusory nature of the experi-

ence precludes a meaningful questioning of its reality (Winnicott, 1971).

These intense symbiotic experiences, while central to the individual, do not necessarily point to severe psychopathology. Basic to our formulations is the view that experiences of being without boundaries do not in themselves indicate an absence of inner structures of boundaries or a lack of capacities for discrimination, either permanent or momentary. Experience (conscious or unconscious) is not a *direct* reflection of the structural state of the individual. Symbiotic experience must thus be seen as one dimension within the broader structural context, which includes both distinct self- and object representations and internalized experiences of undifferentiated relatedness, as well as the press of developmental aims. It is when there are disturbances on this structural level that intense symbiotic experience may be indicative of pathology.

### EXPERIENCE OF SYMBIOSIS AND PSYCHOPATHOLOGY

Undifferentiation as related to the normal developmental process may be contrasted with what emerges in some severe but nonpsychotic pathological states. There are certain disorders, usually classified as borderline and narcissistic, in which the early experiences of undifferentiated relatedness have been deficiently internalized and fail to become an integrated component of the overall sense of self identity. While a representation of the self as distinct has been formed and thus the capacity for self-object differentiation is attained, an adequate sense of self identity in these disorders remains dependent on the continuous, predominant, and active experience of the undifferentiated self-object representation. In the absence of such experience the individual will feel blank, empty, or worthless. There is a sense of nonexistence alongside a sense of a distinct self containing that experience of nothingness.

The distinction between experiences of symbiosis in terms of

attachment (merger) and separateness (fusion) provides further understanding of a wide range of clinical phenomena. When the deficiency is along the attachment line, the excessive involvement of the undifferentiated self-object representation entails a concomitant intensified desire for a merger experience which, due to its being unintegrated within the overall sense of self identity, leads to a perpetual search for gratifying objects in the immediate environment. The individual indiscriminately seeks relatedness in order to maintain a sense of identity and to avoid the sense of annihilation felt when alone (Blatt, 1974; Blatt and Zohar, 1991, Blatt, et al., 1995). This is characteristic of the clinical picture of various borderline syndromes. In contrast, when the deficiency is along the line of separateness, the excessive involvement of the undifferentiated self-object representation entails a concomitant experience of fusion. Here, too, due to the lack of integration of the experience within the overall sense of self identity, its intensification results in pathological manifestations. The individual avoids feelings of emptiness and worthlessness through experiences of omnipotent fusion. Objects are felt as extensions of the self, in its service and subject to its control. Relationships in the immediate environment are desperately sought solely to confirm these roles and to gratify early symbiotic separateness needs. No real recognition of the other takes place.

It should be noted that we are suggesting that the clinical picture of narcissism described above is founded on a deficient internalization of symbiotic relatedness along the separateness line. It is not (as has been suggested primarily by Kohut and his followers) that in and of itself the lack of differentiation of the deficiently internalized relationship determines the nature of the disorder.<sup>7</sup> This point was discussed earlier (Blatt, 1983) in a differentiation of the two major forms of idealization that Kohut specifies—that of the self

<sup>7</sup> We do not imply by this, as does Kohut (1971, 1977, 1984), that we view narcissism primarily in terms of a developmental defect. The impediments to the internalization of the fused relationship, including conflicts resulting from intensified aggressive drives, are of equal significance to the emergence of this disorder.

(the grandiose self) and that of the object (the idealized parental imago)—according to the separateness (self-definition) and attachment developmental lines.

Symbiosis in these severe but nonpsychotic forms of character disorders is illusory but is different from the normal illusory experience. In the pathological group the intensified involvement with symbiosis results in an increased demandingness for the actual gratification of early needs for experiences of merger or fusion, and thus the symbiotic wish appears in a reality-oriented context. Inner feelings of oneness and healthy omnipotence that are part of symbiotic experiences in well-integrated individuals are translated by these less integrated individuals into pressing expectations that others will provide them with a sense of unity and omnipotence they cannot achieve on their own. Consequently, these illusions are repeatedly confronted with reality and thus lose the transitional quality characteristic of illusion (Winnicott, 1953, 1971) and are vulnerable to becoming delusions. In a particularly frustrating environment the symbiotic fantasies may lead to a disregard of reality even when directly confronted. During regressive periods in particularly severe narcissistic and borderline disorders, psychotic experiences of omnipotence, unity, and alternately of worthlessness and emptiness will then prevail.

In the psychoses the experience of symbiosis is fundamentally distinct from what has been discussed thus far. The disturbance is not primarily or directly tied to the internalization of the undifferentiated self-object relationship but rather centers on a disrupted development of the representation of a distinct relationship between self and object. For the psychotic individual the internalization of early interactions does not result in the consolidation of a well-demarcated concept of self. There is a fundamental absence of a sense of self as separate, which may eventually emerge as an experience of annihilation or alternately as a delusional experience of symbiotic relatedness. The identification of the parameters of (a) distinct self concept consolidation and (b) the internalization and integration of symbi-

otic relatedness clarifies the differences between these kinds of experiences of identity disturbance in psychosis and in severe character disorders. It is important to note here that, as in the case of nonpsychotic individuals, the psychotic may experience the symbiotic fantasy along the attachment or separateness lines, depending on the nature of the psychosis (Blatt and Shichman, 1983, Blatt and Wild, 1976).

### SYMBIOSIS AND THE SELFOBJECT RELATIONSHIP

Alongside the challenges to symbiosis, there has been a renewed interest in that form of relatedness as a result of Kohut's (1971, 1977, 1984) comprehensive study of the *selfobject* relationship. The selfobject relationship is a symbiotic relationship (Gedo, 1981, p. 248), characterized by "the lack of differentiation, or only partial differentiation of self from object" (Ornstein, 1978, p. 62). A major contribution of Kohut's work is his emphasis on the value of the symbiotic forms of relatedness throughout life. He recognized and stressed that we live in "a matrix of selfobjects from birth to death" (Kohut, 1980, p. 478) and that "people maintain lasting selfobject relationships throughout life as part and parcel of normal growth and development" (Goldberg, 1983, p. 298).

It is important to recognize, however, that Kohut's selfobject relationship refers to the symbiotic experience only along the separateness line. Kohut considered undifferentiation solely in terms of fusion (Blass and Blatt, 1992). His "concept of self-selfobject relationship predicates that the boundary of the self (the I) transcends I's body to include the body of the other" and involves a process of "projective identification from the separate self" (Grotstein, 1984b, p. 202). Concepts of "union" and "merger" of attachment fall outside the realm of the self-selfobject relationship (Tolpin, 1979, p. 223). Merger-like experiences of boundary loss, what Greenacre (1957) referred to as a



“love affair with the world” (p. 67), are, for example, reframed by Kohut as “narcissistic experience[s]” of “an expanded self which includes the world” (Kohut, 1966, p. 261). As we have discussed elsewhere (Blass and Blatt, 1992), this led to considerable theoretical confusion. Kohut’s consideration of symbiosis solely in terms of fusion also has a limiting effect on the nature of interpretation within the clinical context. Awareness of the different experiential dimensions underlying the symbiotic fantasy requires an attunement to the individual’s use of the symbiotic relationship for the gratification of needs for separateness as well as for attachment.

It should be noted that although Mahler seemed primarily concerned with development toward separateness, which was at the foundation of her position that symbiosis must be abandoned in the course of development, her clinical examples contain poignant illustrations of the basic need for attachment that the individual seeks to gratify through symbiotic relatedness (e.g., Mahler, 1968). Implicit in those illustrations is the search for oneness with the maternal object that cannot ultimately be reduced to only the separateness need for omnipotence and control. In our examination of symbiosis in this paper we have attempted to bridge the gap between Mahler’s intuitive appreciation of both attachment and separateness experiential components of symbiosis and the theoretical conceptualization of the individual’s symbiotic needs throughout the life cycle.

## CONCLUDING REMARKS

In an in-depth exploration of the concept of symbiosis, we have reconciled undifferentiation and the existence of an independent sense of self identity. We have argued that an illusory sense of boundariless relatedness is an inherent component of normal identity and, when experienced as fusion (i.e., self expansion), it even contributes to the sense of self as separate. This conceptualization of the symbiotic experience also provides a context



for the reconciliation of the view of the infant as symbiotic with the view of the differentiated infant that has emerged in recent infant research. The infant may indeed be endowed with a wide range of cognitive and relational capacities—alert, responsive, and to some extent aware of separateness from her or his mother. But our conceptualizations emphasize (a) that having capacities for distinction and awareness of separateness is not equivalent to having a distinct concept of self identity, which requires a complex dialectical process of interaction for its development, and (b) that having the capacity for differentiation and awareness of the other does not preclude having the capacity for the experience of the other as symbiotically related. On the contrary, we argue that the ability to recognize differences between the self and the other is an important source of the meaningfulness of the symbiotic relatedness. Mahler, in fact, recognized that the symbiotic infant is also highly attentive to the mothering figure (e.g., Mahler, et al., 1975, p. 54). While some (e.g., Milton Klein, 1981, p. 98) see this recognition as a contradiction in Mahler's position, we believe that it reflects an acknowledgment of the paradox inherent in symbiotic relatedness. Symbiosis, both as merger and fusion, may be experienced as a special sense of oneness and unity *because* of the capacity to recognize that there is another with whom one is united. Were it not for the awareness that another is involved in the unity, the search for unity through relatedness to others could not be understood. It is in this search for the experience of unity that the clinical relevance of the concept of symbiosis emerges most fully.

Beyond capacities and potentialities, there are certain inner experiences of the infant that cannot be measured and cannot be communicated; therefore, our assumptions regarding those experiences will always remain to some extent reflections of our basic beliefs concerning the origin of human nature (see Mitchell, 1988). It has been contended that the view of the infant as symbiotic is based on a belief that human nature evolves through a gradual process of psychological birth that, in effect,

parallels the earlier physiological "hatching out" (Lichtenberg, 1983; Stern, 1977, 1985). In our view, however, the symbiotic infant reflects a markedly different conception of human nature and development. It is based on the assumption that at the foundation of human existence lies an experience of unity with others and that this unity, comprised of both the attachment experience of merger and the separateness experience of fusion, provides the very early basis for the dialectical process of development that human beings undergo throughout the course of life. This sense of relatedness ascribed to the infant, in our view, in no way falls short of, and is perhaps even of a more inherent kind of relatedness than, the sense of relatedness that emerges from conceptions that specifically focus on the neonate's sophisticated interactive capacities.

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## The Role of Pathological Selfobjects in the Development of a Form of Defensive Self

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## THE ROLE OF PATHOLOGICAL SELFOBJECTS IN THE DEVELOPMENT OF A FORM OF DEFENSIVE SELF

BY BARRY M. SEGAL, M.D., B.CH., FRCP (C)

*This paper focuses on the kind of patient whose self functioning is based on meeting the needs of others. I suggest that the childhood history of such patients is characterized by a specific form of pathological interaction. In this interaction the parents support and facilitate only those aspects of the child that meet the parents' own narcissistic needs. In the psychotherapy of these patients this aspect of the parent-child relationship is expressed as a specific form of transference.*

### THE DEFENSIVE SELF

Dissociations, or splits in the self, are an important form of psychopathology. A variety of forms of this type of split have been described (Fairbairn, 1940; Kohut, 1971; Winnicott, 1960). Patients with these problems are unable to act with spontaneity or flexibility because core aspects of themselves are not integrated into their lives, and their self functioning is often based on meeting the needs of others.

Kohut's theory of self pathology deals with the presence of two major splits in the psyche. The primary defect is a horizontal split which walls off the affected person's repressed nuclear self. The vertical split allows elements of infantile grandiosity to emerge and become organized into self structure.

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Kohut (1977) defines two forms of secondary structure: defensive and compensatory. He writes:

I call a structure defensive when its sole or predominant function is the covering over of the primary defect in the self. I call a structure compensatory when, rather than merely covering a defect in the self, it compensates for this defect. Undergoing a development of its own, it brings about a functional rehabilitation of the self by making up for the weakness in one pole of the self through the strengthening of the other pole (pp. 3-4).

Kohut stressed that the terms defensive and compensatory refer to the beginning and end of a spectrum. The kind of patients I am referring to present with a primarily defensive structure that has compensatory aspects. In these patients compensatory development of the core (nuclear) self has been rudimentary. The vertically split sector has predominated in their development, resulting in self-experience and interpersonal life that do not express the core self.

The concept of the vertical split has some features in common with Winnicott's (1960) concept of the false self (Bacal and Newman, 1990). A patient with a false self functions by compliance and imitation. He or she is unable to express genuine wishes and feelings. The false self hides and protects the concealed true self from exploitation and annihilation. False self organization can be present to varying degrees along a spectrum where total concealment of the true self is the most severe form of this disorder. In health the false self represents the capacity to act in socially appropriate ways.

The term "defensive self" seems to be acceptable for the self structure of these patients. They can be classified as having a form of defensive structure that functions as an "object-serving self." This structure is dissociated from the core self by a split. It represents an attempt at covering, and compensating for, the underlying defect.

I visualize the structure as a "bipolar self." Kohut (1977) used the term bipolar self to express his idea that the self is structured

in a tension between an idealizing pole and a grandiose pole. In the patients under consideration nuclear idealizing and grandiose yearnings are dissociated from the defensive self. I suggest that the idealizing and grandiose poles of this self are derived from pathological selfobject interactions in childhood.

## THE NARCISSISTIC SELFOBJECT

Kohut's theory of the development of the self (Kohut and Wolf, 1978) describes the selfobject as an object that acts as a component of the self in a way that supports and facilitates growth. In response to the self-regulation provided by the parent, the child's self becomes strengthened and able to tolerate inevitable parental failures. One of the primary selfobject functions is provision of an idealized figure. The other is mirroring of the grandiose self. A third is alter ego (twinship).

I am focusing on patients whose parental figures fail to provide adequate support to their child's developing self. An element in this failure is the "mother's rejection of [the] child's independent narcissism" (Kohut, 1971, diagram, p. 185). This results in dissociation of the child's core self. The core includes the damaged authentic grandiose self and the disavowed affects (Basch, 1988) that arose in the failed primary relationship.

A number of theorists have dealt with the type of childhood relationship in which secondary self structure develops. Winnicott (1960) suggested that the false self develops when the mother "substitutes her own gesture" (p. 145) for that which spontaneously comes from her child. The infant is forced into compliance in a relationship that meets parental needs. Stern (1985) has emphasized pathological forms of parental attunement to the child's expressions, such as selective attunement, misattunement, and unauthentic attunement.

Glasser (1992) referred to a state of "colonization." In this state a representation of the parent is psychically implanted into the false self of a patient. Such a personality is described as

functioning through simulation. The patient both resembles and complies with the mother whose involvement has been entirely narcissistic.

Lax (1989) has described a form of pathological character that results from the selection by the child of a particular way of being. This is the only way an object tie to the parents can be maintained. Such traits are formed primarily through a process of identification with the aggressor associated with surrender of an aspect of the self. As a result of these processes the child develops a “pathological ideal-self-image modelled on the pathological ego ideal which contains the introject of the aggressor” (p. 83).

Robbins (1989) described a related form of engagement termed “pathological symbiotic adaptation.” He described “possession configurations” between a possessor and a possessed. “The possessed configuration is based on introjection” and “serves to maximize the caretaking responses of hostile, uncaring objects” (p. 449).

Kohut explored this type of engagement in some depth. His theory suggests that the child maintains “a merger-bond with the caretaker that constitutes an adaptation to *his* archaic requirements: in effect, acting as an instrument of his grandiosity” (Bacal and Newman, 1990, p. 240). The child develops in a relationship that is “related to [the] mother’s narcissistic use of the child’s performance” (Kohut, 1971, diagram, p. 185).

Kohut and Wolf (1978) specifically recognized this pattern in reference to Mr. X.’s relationship with his mother by saying that

her approval of him had indeed been excessive, the focus of her mirroring had not been selected in accordance with *his* needs—namely, to develop an independent and vigorous self—but in accordance with hers—namely, to keep him dependent on her, indeed to retain him within her own personality organization, in order to brace up her own, precariously constituted self (p. 421).

It is helpful to look at this type of situation from the perspec-

tive of the child's subjective experience. At the level of the inner defect states of fragmentation, overwhelming hurt and vulnerability threaten the child's sense of being a personal self. Dissociation enables the child to survive psychologically. Painful affective states and inner experiences of self and objects are walled off from conscious experience. The child finds that in certain conditions there is responsiveness available from the parent. This can be obtained by returning to these conditions, so that the child can now at times find comfort and encouragement from the parents.

It seems to me that there are two fundamental ways which the child finds to gain responsiveness. In the first pattern the child's role is to relate to the parent as all knowing or all powerful. The child's admiration supports the parent's sense of self as great. The parent responds to the child by supporting the admiring or submissive pattern. The child's sense of self is somewhat affirmed by the parent's responsiveness to the role. At the same time the child feels affectively disconnected in some way from the interaction.

In the second pattern the child finds responsiveness by becoming an expression of greatness as a self. This meets the parental need to have an idealized figure. The parent's responses are affirming for the child. The child may take care of matters for others or may become very successful in a field of endeavor. The parent is more stable and responsive with the child in the role of being a great self. The child who relates as a figure to be admired or looked up to feels driven to overachieve despite experiencing a sense of hollowness at achievements.

The child's sense of self coalesces in the responsive environment that supports his or her role in the family. Combinations of the two patterns produce an interactional system between parent and child that has some stability. The child has a sense of being able to survive and endure. This is achieved through functioning as a self that is based on meeting the needs of the parent. The child can take some comfort from the capacity to perform the role, but cannot evade the background of dissociated affects.



Because of this, the child has a recurrent sense that life is disappointing and false. The child has the sense of not living for herself or himself.

Compliance with the wishes of others, imitation, and plasticity of self functioning are examples of patterns that can arise in response to pathological parental support for idealizing responses from the child. Compulsive achieving, compulsive caregiving (Bowlby, 1977), and narcissistic personality traits are examples of patterns that can arise in response to parents who pathologically respond to and confirm the child's grandiosity.

I see the role of such parents as a form of pathological validation and confirmation in which the parent facilitates only those responses in the child which serve the *parent's* own needs. The parent's role in this situation is that of a self-serving selfobject. Support and validation are provided to the child for the purpose of meeting the parent's narcissistic needs. The child's true needs are neglected. I term the parent in this role a narcissistic selfobject. Supported by the parent, the child takes on the role prescribed for her or him by the parent's narcissistic needs. The parent serves as a component of the defensive self and facilitates its growth, which fosters a specific role for the child in family life. The role is to be a selfobject for the parent.

The apparent grandiosity of such a child is a defensive (or compensatory) development supported by parental mirroring. The grandiosity is an accommodation to the parent's need to have an object to idealize. Idealized strivings in the child primarily arise in accommodation to the grandiosity of the parent. The child's idealization serves a mirroring function for the parent.

A variety of forms of these interactions can occur, depending on the specific orientation of engagement in any individual instance. The parent's idealized functions or mirroring functions, or both, may be focused on either grandiose or idealizing aspects, or both, of the child's defensive self. Alter ego (twinsip) forms of interaction may also occur, focused on parental needs for an alter ego.

The person who acts as a narcissistic selfobject in the development of a child may or may not be the same individual who originally failed to establish an authentic tie to the child's core self. In some cases one parent, often the mother, has both roles. In other cases a caregiver other than the primary figure, often the father, takes this role.

In both defensive and nuclear domains strivings are focused on idealized and mirroring parental imagoes. The imagoes of the core self are derived from the parent-child interaction in the original failure of primary relatedness. The imagoes of the defensive self are derived from the relationship to the narcissistic selfobject.

The affected person comes to manifest the object-serving pattern in his/her relationships. The concept of pathological self structure utilized in this paper thus describes a narcissistic defense that is object oriented. In relationships the patient or the partner may function as an idealized figure. Though their interaction is primarily centered on the narcissistic needs of the partner, such a relationship may stabilize and maintain the patient's functioning. In addressing this type of relationship Robbins (1989) suggested that "[h]ad Kohut written about this phenomenon he might have entitled it 'The Narcissistic Personality as a Selfobject' " (p. 449).

## CASE REPORT

The patient was a thirty-year-old man who was wrestling with the decision to leave his spouse. They had young children. He was involved with another woman and had promised to leave his family for her. He had for a period become agoraphobic and felt unable to act.

He described himself as living through various "characters." These were roles he would play in order to get acceptance and recognition from people. His major "character" was based on being knowledgeable in any discussion despite feeling that he

had no real knowledge of the subject. His technique was to construct responses derived from what he could discover about the ideas and knowledge base of the person he was talking to.

In intimate relationships he had a “character” who would focus on the needs of the other person. He tried to please them in every way. Important to this was the taking on of ideas in line with the thinking of the other person. He described this “character” as “the sidekick.” This was a lesser partner who helps the stronger other.

The patient had been raised in a family dominated by his father, a man of strong political convictions who insisted on “the party line” from his family. In the first two years of the patient’s life he was cared for primarily by his grandmother. He saw his mother as weak and in awe of his father. He felt she had demonstrated an intense admiration and support for her husband and that consequently he had been let down by his mother because she had focused so much attention on his father.

As a young boy, the patient saw his father as a heroic figure, a brave and noble man who knew the truth. He was proud to be the son of such a man and assumed the role of follower of father’s principles. He would express his father’s opinions using his father’s phrases. He felt accepted and cared for by his father. The structure of the relationship continued until he reached his teenage years.

The understanding I applied in this case was that the patient’s affective core had been repressed following early failures in his relationship with his mother. The basis of this failure was his mother’s intense idealization of his father. She supported her husband’s need to be idealized and imitated by his son, which prevented her from relating empathically to her son’s need to be mirrored as an independent self. The boy could please his parents only by fulfilling their need for him to idealize and emulate his father.

The self derived from this relationship was understood as a defensive other-serving self, structured behind a vertical split. The father’s role in the formation of this self was primarily that

of an idealized narcissistic self-object. He had allowed his son to identify with him and be close to him only in response to the boy's intense idealization. There had also been mirroring aspects to the father's approach to his son, related to the boy's imitation of the father. When the boy deviated from his role as follower, he found that his father would withdraw responsiveness. The mother's role was in the background and involved mirroring the boy's idealization and emulation of his father.

At this point I will include two incidents from the therapy to illustrate the understanding I have proposed. One day the patient described a friendship he had had in his early twenties. He had developed a new "character" who had feelings of wanting to triumph over this male friend. At one point in the session I suggested that he had wanted to triumph over his father. He replied, "That would have been so far-fetched, I couldn't want it. I was extremely proud of him, proud of how impressive he could be. Only in my late teens I realized my credibility couldn't be based on him. This was shocking. It was so ingrained. I thought my credibility came from being his son."

On a few occasions he had been angrily attacked by his father for overstepping the limits of the follower role. Once his father attacked him for using a politically unacceptable term. He described his feeling in response to this attack as "confused, lost, falling apart. I just stood there smiling and couldn't talk."

One view of this material could be that the boy's idealization of the father was based on an identification with his mother as a defense against oedipal hostility and competitiveness. However, while emulation of the father was a significant component of the father-son relationship, it was not a feature of the mother's relationship with her husband. She simply agreed with her husband and supported him.

Idealization and emulation of the father are components of healthy resolution of oedipal elements, but in this patient idealization and emulation had blocked the emergence of oedipal elements. The narcissistic basis of the idealization and emulation is demonstrated by the patient's reactions to his father's attack.

His description of these reactions suggests that he experienced fragmentation of the self rather than the hostility and competitiveness of the oedipal phase. The tendency to fragmentation resulted from lack of firm integration of his defensive self.

The father's role did not resemble compensatory selfobject functions as described by Kohut (1977). These refer to the child's relation to selfobject functions that are available in a restricted form. Though these are inadequate, they are generally related to the nuclear self. An example would be a father who is uninterested in his son but occasionally shares with the boy his knowledge or skills. In this type of relationship structures evolve that are faultily functioning components of the nuclear self.

As this patient grew up, the inherent limitations of functioning as a defensive self emerged at an increasing rate in his relationship with his father. Disavowed affects of hostility and need emerged in his expressions, but these were not accepted by the family. Negative aspects gradually intensified over time. In his early adolescence the father-son relationship broke down. He withdrew from his connection to his parents and stayed away from home as much as possible, spending his time with rebel adolescents.

Early in his psychotherapy the patient realized that he approached the situation by trying to decide which "character" to adopt for therapy. He chose the role of "sidekick." He imitated and idealized me in a transference of his idealization of his father. He felt that his proximity to me would allow him to "bask in reflected glory." He felt that his association with me was a source of esteem for himself in other situations. He was the "privileged participant in a relationship with someone special." But he went on to realize that this "character" was built up from everything he picked up from me. It was not from himself. He felt he had no knowledge of what was intrinsically himself. He decided he needed to move away from his spouse and children to live alone.

During the emergence of these themes the patient told of many situations in his life, present and past, in which he had

constructed "characters." He described how the characters had functioned. Primarily they were based on idealization and emulation of others. He was able to recognize that the pattern of his relationships and his approach to the therapy resembled his relationship with his father. In these relationships the other person functioned as an idealized narcissistic self-object.

As this aspect of the therapy unfolded, I felt that he did develop a positive bond based on his feeling that his idealization and emulation were accepted and understood. This enabled him to overcome his fear that I wanted him to remain in the role he had adopted. A component of this was the interpretation of enactments of the childhood pattern that emerged in the therapeutic interaction. As his trust increased, he felt less pressured to maintain the "character" he had developed for the therapy. He was able to explore the emptiness he felt at not knowing himself. He explored his need to live as an extension of someone else.

The appearance of core affects was preceded by a period in which he developed feelings of distrust. He doubted whether he could rely on me or feel safe in the therapy. He feared that a "bad part" of me would emerge. He was afraid of being dominated. He felt disappointed with some of my responses, which he described as stern.

The exposure of the traumatized self was associated with a dramatic change in the affective tone of the therapy. He began to feel an overwhelming sense of smallness and cried during several sessions. He felt himself to be "as small as a dot in the corner of the room." My comment that the aim was now to help the dot-sized person to grow bigger caused him to be reminded of a core feeling of his childhood. He had been expected to be bigger than he felt. He said, "It's unfair to expect me to journey over the river. It would be fair to carry me over."

At this time his feelings of sadness and aloneness were always close to the surface. He described feeling exhausted by "the effort of pulling my character together to conceal all that vulnerability." He made me aware that only pure expressions of



empathy related to his affect could reach him. He found that such comments would be comforting. This pure affective interaction predominated for a number of sessions. Then it became possible to explore and reflect on his inner state once again.

The patient's yearning to be cared for intensified. He related this to feelings he had had in relationships with women. At one time asleep on his mother's couch, he dreamed of "a girl he had longed for in the past." I felt that this was an expression of the mother imago of his core self.

Over a number of weeks he began to feel more in touch with his own emotions. He said he "could feel both sadness and happiness." He could bear the affective intensity that emerged in the sessions. I understood this as the strengthening of the nuclear selfobject transference. Mirroring and idealized aspects related to the authentic self of the patient became established. The idealized aspect related to the feeling of being himself with a safe figure he could merge with and feel soothed by. The mirroring aspect related to the validation of the patient's emerging capacity to deal with his affects.

As the therapeutic relationship deepened, the patient became more able to feel genuine in his outside relationships. He became better able to care for his children and to feel comfortable by himself. Alongside the idealized and mirroring aspects of the therapy, twinship elements emerged in which analyst and patient could experience a sense of equality for the first time in the therapy.

A new understanding of the relationship issues of his life enabled him to adopt new patterns in these interactions. He began to feel more fulfilled. He described feeling "solid and more definite." The relationship he had kept secret from his spouse now became his primary focus. He dealt at length with patterns of dominance and submission in this relationship. He recognized a pattern in which feelings of domination alternated with feelings of devaluation and humiliation. He saw an interaction between these. This recognition enabled him to work things through more successfully in the relationship, and he



gradually resolved that he would commit himself to his new partner.

## CONCLUSION

Like the theories on which they are based, these ideas have been derived from clinical experience. The patient described in this paper was seen once a week in long-term psychoanalytically oriented psychotherapy. During his regression, the frequency was increased to twice a week. The sessions were held in a face-to-face format over a period of three years.

The case report suggests that the concepts proposed in this paper have clinical utility. They can aid in understanding the transferences, countertransferences, and phases that arise in the treatment of these individuals. They provide a framework that can increase empathic understanding from which interpretations can be made.

This contribution echoes Anna Freud's (1936) recommendation that the analysis of a mechanism of defense should precede the analysis of the underlying libidinal impulse. In this case the emphasis is on the need for approaches to disorders of the self to deal with defenses of the self. This is necessary if we are to contact the core self of our patients.

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## Shame and Suicide in Sophocles' *Ajax*

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## SHAME AND SUICIDE IN SOPHOCLES' AJAX

BY MELVIN R. LANSKY, M.D.

*This paper explores the vicissitudes of shame and its relation to narcissistic rage and escalation of conflict in Sophocles' Ajax. The plot is set in motion by Ajax's shame over losing the competition with Odysseus for Achilles' armor. His shame leads to narcissistic rage and propels him to vengeance against the social order. Misidentification, an aspect of narcissistic rage, compounds his disgrace by escalating his shame to suicidal proportions when his madness leaves him. His defenses all fail, and his suicide becomes inevitable. Forces that bind him to the social order lose out to those that make of him a humiliated outcast and drive him to kill himself.*

### INTRODUCTION

Sophocles' rendition of the Ajax myth is evidently one of the earliest of his extant plays. Less renowned than the great plays that comprise the Theban trilogy, the play is nonetheless a masterpiece, replete with astonishing insights into the nature of shame, narcissistic wounding, and tragically misguided attempts at repair through destructive, narcissistic rage. A psychoanalytic understanding of the narcissistic phenomena in the play can broaden the perspectives offered by literary critics and philologists. It can, for example, shed light on Sophocles' deep comprehension of phenomena associated with those who are pathologically inclined toward shame. These pathological phenomena and their contribution to what, in moralistic or ethical terms, has been called Ajax's "character flaw" lead to his tragic suicide.

The play demonstrates the psychological processes underly-

ing shame, narcissistic breakdown, and the escalation of conflict to the point of inevitable suicide—the destructive inner forces (Thanatos) that set one apart from the social order as well as opposing forces (Eros) that bind one to the social order. I follow Freud's (1940) final formulation of Eros and Thanatos respectively: "The aim of the first of these basic instincts is to establish ever greater unities and to preserve them thus—in short, to bind together; the aim of the second is, on the contrary, to undo connections and so to destroy things" (p. 148).

Although I am neither philologist nor literary critic, and I am limited by the use of translated text, I hope to add this particular psychoanalytic perspective to what those disciplines have accomplished in understanding this great play and also to point to some of the insights in the drama that amplify our knowledge of narcissistic phenomena.

# I

The plot of *Ajax* is as follows. The first part of the play takes place before Ajax's tent in the countryside surrounding Troy in the tenth year of the Trojan War. The play begins shortly after the death of Achilles, the greatest Greek warrior. Although Ajax is, by consensus, the greatest Greek warrior after Achilles, a judgment of arms has taken place, under which the Atridae (the sons of Atreus)—the Greek commander-in-chief, Agamemnon, and his brother, Menelaus—have awarded Achilles' armor as a prize of honor to Odysseus, not to Ajax.

Ajax, enraged, had gone out alone on the night before the beginning of the play's action to avenge himself on the Atridae, Odysseus, and others of the Greek army who he felt had cheated him out of his prize. Odysseus' protector, the goddess Athena, offended by Ajax's previous acts of arrogance toward her, sent a state of madness upon him so that he mistook animals for men. Thinking that they were the Atridae and Odysseus, he

brought bulls and sheep back to his tent for slaughter. He reserved for torture a ram that he took to be Odysseus.

As the play opens outside Ajax's tent, Athena is guiding Odysseus and making him invisible so that he can verify Ajax's act of madness and take the information back to the Greek army. Ajax rejects Athena's ironic plea for mercy for the ram that he believes to be Odysseus. Odysseus declines Athena's invitation to gloat over Ajax's madness; he feels pity for his crazed enemy. Athena and Odysseus depart.

When Ajax comes to his senses and realizes what he has done, he feels such shame that he sees no alternative but to take his own life. Even the pleas of his circle of intimates—his concubine, Tecmessa, his son, Eurysaces, and a chorus of Salaminian sailors—fail to dissuade him. Notwithstanding his so-called deception speech, in which he leads his intimates to feel that he has agreed to obey the gods and respect the Atridae, he leaves, sword in hand, intent on killing himself in a desolate place by the seashore. Shortly thereafter, a messenger arrives to say that the prophet Calchas has prophesied that Ajax will survive only if he stays in his tent for the full day. Tecmessa and the chorus rush off to find Ajax.

The second half of the play opens with Ajax's suicide speech and death. He commits suicide with the sword given to him in battle at the height of his glory by his enemy, the Trojan prince, Hector. The chorus and Tecmessa discover the body. Ajax's half brother, Teucer, then arrives but is forbidden, first by Menelaus and then by Agamemnon, to honor Ajax's body with burial. This half of the play is dominated by the struggle between Teucer, who desperately fears disgrace before his and Ajax's father, Telamon, if Ajax is not buried, and the Atridae, outraged by Ajax's mad attack, who feel that disgrace is his due. This rancorous dispute, accompanied by insults and defiance on both sides, is resolved by the intervention of Odysseus, who prevails on Agamemnon to permit Ajax's burial. Teucer thanks Odysseus but asks him not to be present at the burial. The play

closes as Ajax is buried in the presence of Tecmessa, Teucer, Eurysaces, and the chorus.

## II

Criticism of the *Ajax* by classicists tends to rest on static notions of morality and character in ethical or technical dramaturgic categories. Hubris, or excessive pride and arrogance, is the central character flaw leading inevitably to downfall in Greek tragedy. The critical literature, in general, falls short of shedding light on the flawed aspect of Ajax's character that is not simply a dramaturgic or moral category but also a depth psychological portrait. Sophocles, of course, was not only a great poet and dramatist, but also an extraordinary observer of human nature. *Ajax* is paradigmatic of tragedy emanating from hubris: pathological self-sufficiency and arrogance are the cause of the hero's downfall and punishment (Simpson, 1969). Knox (1961; see also Blundell, 1989; Segal, 1981) sees Ajax as an exemplar of the Homeric heroic code, which placed him at variance with a world in which friends may rapidly become enemies (the Atridae) and enemies, friends (Odysseus), and in which flexibility and cooperativeness rather than unflinching adherence to a rigid code of valor were required.

In the course of the play, Ajax undergoes a change in awareness but no fundamental change in character. Stanford (1978) discusses this unfolding tragic insight in terms of the imagery of darkness and light that progress with Ajax's increasing awareness of his character flaws. Cohen (1978) focuses on Ajax's growing insight in terms of the imagery surrounding his sword. While these authors occasionally mention shame, neither views the tragic unfolding of the drama as the inevitable result of Ajax's shame-proneness (his tragic flaw which is, ironically, so intimately tied to his finest heroic qualities); nor does either give importance to the escalation of his shame over the judgment of arms and his subsequent madness, that is, his narcissistic rage,



his vengefulness, and his misidentification of the source of his shame (mistaking animals for his human foes). Golder (1990) does discuss Ajax's shame. His emphasis, however, is on his disgrace and death as emblematic of the end of the age of aristocratic, unbending heroism. "Heroism seems to have died with Ajax on his sword" (p. 28). Shame in this context is not seen to result from flawed character or (viewed clinically) from pathology, but from the type of social disgrace that heralds the end of the unwieldy but glorious standards of the age of heroism. "Ajax[']s . . . betrayal and tragic suicide embodies the final eclipse of ancient honor itself" (p. 9).

The trend in the classical literature in English is to subsume Ajax's conduct under the category of a general societal ethical code—more acceptable to Greeks in the fifth century B.C. than to contemporaries—to help friends and harm enemies (Blundell, 1989). Viewed in this light, Ajax's response to shame over the judgment of arms and over his madness is seen simply in terms of his failure to triumph over his enemies rather than as a manifestation of his pathological shame-proneness or vengefulness. Winnington-Ingram (1980) points out that Ajax's arrogant self-sufficiency was noted long before the judgment of arms. He acted like a god, not a human, in talking to his father before leaving for Troy and in response to Athena's offer of help in battle. In sharp contrast to Odysseus, Ajax fails to acknowledge human limitations, ignorance, dependency, and changes in the social order that require flexibility, cooperativeness, and compassion for the suffering of others.

Thus, classicist critics, for the most part, have failed to distinguish an adherence to the heroic code from pathological shame and vengefulness. But the play affects us as profoundly as it does not simply because of the individual or ethical issues it raises, but because of its deep resonance with the process of narcissistic wounding, disorganization, and the desperate and destructive attempts at restoring a sense of personal integrity and pride.

Sophocles is, above all, the poet of shame. In this respect, he

is closer to the Homer of the *Iliad* than to his approximate contemporaries, Aeschylus or Euripides. Those critics who show an awareness of the centrality of shame in the play do not discuss it in detail. Dodds, in his celebrated book, *The Greeks and the Irrational* (1951), did make the distinction between earlier "shame cultures" and later "guilt cultures." His distinction carries with it the unfortunate implications that shame, seen predominantly as a reaction of external social disgrace, is somehow more primitive than is the more internalized sense of guilt and that guilt tends to supersede shame rather completely as an organizing societal regulator. Dodd's line of thinking tends to minimize the centrality of shame in all human interactions and to overlook the fact that in the "guilt cultures," shame and shame conflicts tend to be repressed, not superseded (T. Scheff, 1989, personal communication).

With a few notable exceptions, surprisingly little attention has been paid to the *Ajax* in the English-language psychoanalytic literature. Wurmser (1981), in his influential treatise on shame, cites passages from the play several times and discusses it briefly in the context of shame anxiety (pp. 49-50). Simon (1978) examines the play at greater length and underscores the importance of Ajax's shame over his failure to live up to his parents' expectations (p. 70) and the lethal shame that accompanies his unfolding realization of what kind of person he is (p. 128). Simon discusses Ajax's rage as a kind of madness that stands apart from common human experience. This emphasis on Ajax's anger as psychosis differs from mine, which views the madness as dissociated narcissistic rage that arises directly from an experience of shame and results in an escalation of both external and internal shame conflicts, that is to say, as an amplification of a universal human experience.

My emphasis is on what would, in clinical terms, be called Ajax's pathological shame, that is, his ego ideal pathology, his standards for himself that are excessively harsh. I am aware that my emphasis on Ajax's pathology may come at the cost of a truly balanced view of his heroism. This pathology is revealed in

Ajax's discourse on fear of disgrace before his father, Telamon; in his reaction of overwhelming shame when Achilles' armor is awarded to Odysseus; in his consequent narcissistic rage, vengefulness, and misidentification of animals as enemies (represented as the work of the goddess Athena); in the failure of his defenses, that is, the failure of his ties to his intimates to bind his shame (represented in the light of Calchas' prophesy); and, finally, in his shameful awareness of his inability to act appropriately in a world that requires flexibility and cooperation. Ajax's psychological vulnerability, his shame-proneness of which he becomes progressively more aware, is the tragic flaw which destines him for disgrace and inevitable suicide in a misguided and desperate attempt to restore his pathological pride.

### III

Sophocles is the poet of shame not only in *Ajax* but in *Philoctetes* and the three Theban plays. But Sophocles was not an outcast. His views were not at variance with the social, religious, and political values of his day. (In this respect, he differs from Euripides.) Quite apart from his preeminent successes as a playwright, he occupied political positions of honor and was held in high esteem by the social order. From the public facts of his life, we do not know anything that sheds light on the relation of his private experiences to his appreciation of shame, narcissistic injury, and the struggles of an individual who is found unacceptable or placed outside the social order. But we do know that the major characters in all of his extant plays have predicaments that place them in conflict with the social order in ways that highlight the poet's exquisite appreciation of shame and of the processes of narcissistic injury and attempts at repair.

A brief examination of the evolution of psychoanalytic thinking about shame will shed some light on the issues that pervade the *Ajax*. The increasing psychoanalytic emphasis on shame and shame conflicts, as opposed to guilt or anxiety conflicts, does not

merely reflect the exchange of one affect for another. The heightened interest in shame involves an expanded awareness that the sense of self and the integrity of personal experience depend much more on recognition from the other than has heretofore been realized. That is, the appreciation of the role of shame, especially since 1971, depends on an expanded psychoanalytic understanding of why one needs an object. An object is not simply an object of desire; it also confers on the self a cohesive sense of selfhood and a sense of connection to the social order. Shame is the master emotion that signals danger to the social bond (Scheff, 1990).

Freud's original use of the concept of defense in his earliest psychological writings stresses the centrality of shame:

*. . . by means of my psychical work I had to overcome a psychical force in the patient which was opposed to the pathogenic ideas becoming conscious (being remembered). . . . From these I recognized a universal characteristic of such ideas: they were all of a distressing nature, calculated to arouse the affects of shame, of self-reproach and of psychical pain, and the feeling of being harmed; they were all of a kind that one would prefer not to have experienced, that one would rather forget. From all this there arose, as it were automatically, the thought of defence. . . . The patient's ego had been approached by an idea which proved to be incompatible, which provoked on the part of an ego a repelling force of which the purpose was defence against this incompatible idea (Breuer and Freud, 1893-1895, pp. 268-269).*

In this context, defense is clearly defense against awareness of aspects of the self, of what one is—of “incompatible” ideas that would generate shame. Following the waning of the centrality of the seduction hypothesis, however, psychoanalysis entered a phase in its evolution that emphasized unconscious fantasy, anxiety, and, above all, guilt—which concerns not what one is but what one does or fails to do. In this phase, shame was relegated to the domain of exhibitionism and anality.

Only later, with exploration of narcissistic phenomena, did

the study of shame expand (Abraham, 1919; Freud, 1914). Narcissism and the concept of the ego ideal became the subjects of psychoanalytic inquiry over many decades. The ego ideal, that is, the standard in the face of which one might fail or be rejected, is the locus of shame; the superego, the internalized agent of punishment for transgressions or omissions, is the locus of guilt. Shame emerges before the internal or external gaze of the other or the internal gaze of the self as it reflects the esteem of the internalized other. It signals both the threat of the loss of meaningful bonding and the end stage of that loss: the mortifying affect in the face of which one wants to disappear, to die, to escape from view. One of the most prevalent reactions to shame is the wish to disappear from view or to hide, alone or in the company of intimates. Shame can refer either to that emotion or to comportment that would avoid the emotion (the obverse of shamelessness). Many languages have separate words for the emotion: for example, in French, *honte*, for the emotion itself; *pudeur*, for the defense, i.e., the comportment which keeps the emotion from emerging. In English, "modesty" does not quite capture the sense of the obverse of shamelessness.

Narcissistic pathology implies pathology of the ego ideal, of aspirations that are excessively harsh or unattainable rather than prohibitions. Hence, Ajax's rigid and grandiose idealized views of himself as seen before the ideal other (Telamon) were manifestations of narcissistic pathology. Narcissistic pathology, by tolerating no discrepancy between the real and the ideal self, includes (and perhaps derives from) a pathological intolerance of shame. Accompanying this ego ideal pathology is the pathological need for a feeling of self-sufficiency, paradoxically accompanied by a need for others to affirm one's idealized views of oneself. Dependent on others for affirmation and accolades, such people are unable to tolerate the shame of acknowledging their true feelings of dependency on others and thus make pathological attempts to rid themselves of those feelings.

One narcissistic defense involves elevating one's sense of self by making the other feel shamed and insignificant (Bion, 1958;

Kernberg, 1975) by displaying what we would call arrogance. Arrogance is a way of "turning the tables" by reversals that leave the other feeling dependent on approval and ashamed because of rejection and lack of status. These reversals risk reprisal, rejection, or similar responses by the other and result in the *escalation of interpersonal conflict* by mutually escalating shame/rage spirals (Lansky, 1992; Lewis, 1971; Retzinger, 1987, 1991; Scheff, 1987, 1990).

Psychoanalytic understanding of shame grew dramatically in 1971 with the appearance of Heinz Kohut's *Analysis of the Self* and Helen Block Lewis's *Shame and Guilt in Neurosis*. The next two decades saw the appearance of significant psychoanalytic works on shame (Morrison, 1989; Wurmser, 1981). Kohut, elaborating on selfobject functions and narcissistic transferences, emphasized the cohesive self's need for affirmation or mirroring from the other. Kohut and his followers have explicated the role of shame and exhibitionistic attempts of the grandiose self to gain such mirroring, as well as the shame that results generally from the absence of selfobject response to expressed needs for affirmation.

Kohut (1972) was one of the first to use the term "narcissistic rage" in print. He observed that narcissistic wounding gives rise to shame which, in turn, gives rise to narcissistic rage. Although he saw narcissistic rage as resulting more from selfobject failures than from the experience of shame itself, Kohut formulated the problem of narcissistic rage in a way that showed the intimate relationship of rage to antecedent shame (A. Morrison, 1993, personal communication).

Narcissistic wounding resulting in disorganizing shame followed by a vengeful attack on the felt source of the shame is the subject of great literature, from the *Iliad* and the *Ajax* to *Paradise Lost* and *Moby Dick*. Nonetheless, very little has been published in the psychoanalytic literature on the sequences of narcissistic injury giving rise to shame and rageful attempts to restore the balance, often by attacking parties not at all involved in the



original shaming, and often at the cost of continued or enhanced rejection and more shame.

Lewis (1971), using transcripts from psychoanalytic sessions, showed that unacknowledged shame in therapeutic sessions regularly gave rise to rage. Her insights have been developed, theoretically and clinically, by her followers. Scheff (1987, 1990) has written on shame/rage cycles in and outside of the treatment context and on the relation of these cycles to suicide. Retzinger (1987, 1991), applying nuanced research techniques to videotapes of marital disputes, has pointed to the escalation of conflict in marriages in which reciprocal shaming continues when shame is not acknowledged.

#### IV

In this section, I will discuss the problem of shame escalating to suicidal magnitude from the point of view of Ajax's character flaw. Then I will examine the failure of his defenses against shame. In the next section, I will touch on the escalation of conflict by mutual shaming between Ajax's half brother, Teucer, and the Atridae and the resolution of that conflict by the intervention of Odysseus.

##### *Ajax's Character Flaw*

What in moral and in Aristotelian dramaturgic terms is Ajax's tragic character flaw is, in psychoanalytic terms, his superego pathology: a constellation of internal object relations that result in his inflexible ego ideal and consequently in his pathological shame-proneness, rigidity of character, and arrogant self-sufficiency. It is a master stroke of Sophoclean irony to portray the very traits that constitute Ajax's finest heroic virtues on the battlefield as those which lead to his tragic downfall.

Ajax's rigid view of heroism and of his own honor and spe-



cialness is not simply a normal variant, even given the era in which he lives and his military calling. This may be inferred directly from his voiced sense of shame—his fear of disgrace before his father, Telamon. Ajax remains bonded to his family in such a way that his self-regard is regulated by comparisons of himself with an internalized view of his fathers' standards (of honor which are potentially at variance with the standards of the greater social order, the Greek army).

Shortly after Ajax realizes what he did on the nighttime raid, he feels the disgrace first by comparison with his father:

. . . my fortunes  
Are cause indeed for an agony of wailing,  
Cause and enough twice over. How my father,  
Fighting here under Ida long ago,  
Won with his sword the loveliest prize of all  
For valor, and sweet praise at his return;  
But I, his son,  
Coming in my turn with a force no less  
To this same land of Troy, no less than he a champion,  
Nor less deserving, yet am left an outcast,  
Shamed by the Greeks, to perish as I do! (432-440).

Telamon's deeds of valor stand explicitly as the standards of the father which the son must live up to, but they also hint at the intense competition between men that finds expression in the judgment of arms.

Shortly thereafter, Ajax expresses the shame he would feel before Telamon:

How will he ever stand the sight of me  
If I come before him naked, armed with no glory,  
When he himself won chaplets of men's praise?  
That won't bear thinking of. Well, then,  
Shall I make a rush against the walls of Troy,  
Join with them in single combat, do  
Some notable exploit, and find my death in it?  
But that might give some comfort to the sons of Atreus.  
No, I must find some better way entirely—

An enterprise which will prove to my old father  
That the son of his loins is not by breed a weakling  
(462-472).

This conflict is not simply one involving failure to meet standards of an overbearing father. The reference to the Atridae suggests a split paternal imago, one aspect of which involves the search for the love of a father whose standards must be met, and the other, the displaced expression of rage at the hated and betraying father who passed over the deserving son to love someone else. Both the failure to meet the father's standards and the feeling of having been treacherously passed over contribute to Ajax's sense of mortification.

Although the sense of shame may be seen as part of a warrior's code of honor appropriate to Ajax's station and social milieu, it is more than that. The regulation of social conduct solely by fear of disgrace before an idealized other shows Ajax with a sense of shame before his father but without any remorse over his vengeful action against his superiors and Odysseus (Knox, 1961), an act he considers unquestionably his right. His is not the normal sense of shame (the defense) that would help modulate his disappointment over the judgment of arms and allow him to be a gracious or at least a cooperative loser. Narcissistic rage obviates that kind of shame; the mad Ajax is truly shameless. Mindful only of not getting his due and in disgrace before Telamon, he feels that this act of vengeance is justified. In such a state, Ajax has no perspective on his bonds to the Greek army; he is intent only on restoring his prideful bond to Telamon.

The rigidity of this sense of shame carries with it a pathological sense of self-sufficiency and arrogance. It is this hubris that had angered Athena:

Ajax, even when he first set out from home,  
Proved himself foolish, when his father gave him  
His good advice at parting. 'Child,' he said,  
'Resolve to win, but always with God's help.'

But Ajax answered with a senseless boast:  
'Father, with God's help even a worthless man  
Could triumph. I propose, without that help,  
To win my prize of fame.' In such a spirit  
He boasted. And when once Athena stood  
Beside him in the fight, urging him on  
To strike the enemy with his deadly hand,  
He answered then, that second time, with words  
To shudder at, not speak: 'Goddess,' he said,  
'Go stand beside the other Greeks; help them.  
For where I bide, no enemy will break through.'  
These were the graceless words which won for  
Him the goddess' wrath . . . (762-777).

For this arrogance, Athena punished Ajax with the madness of misidentification during his act of vengeance on the Greeks for shaming him in the judgment of arms. Athena is the virgin warrior goddess whose aegis or shield could throw her adversaries into confusion and paralysis and make those under her care invincible. Ajax's dismissal of Athena's help points to another facet of his narcissistic rage. His surface self-sufficiency can be seen as covering over a regressive attack on a betraying mother, the wish for whose protectiveness is deeply repressed because the acknowledgment of need for it is intensely humiliating. The very same conflicted yearning for maternal protection is expressed symbolically by the prize itself—the armor given to Achilles by his own mother, Thetis, armor that surrounds and protects one from the dangers of the battlefield. It is the defense of fearlessness in the face of the terrors of the battlefield that fills the audience with awe at Ajax's heroism.

### *Precipitation of Narcissistic Rage*

Ajax's characterologic makeup is revealed when Odysseus is awarded Achilles' armor. That Ajax's shame is pathological rather than appropriate to the circumstances, that his character is tragically flawed rather than simply honorable, becomes ap-

parent when his narcissistic injury and shame are not offset by his bonds of loyalty to the Greek army and to the social order generally. Ajax feels that he has lost status, not just the competition. He has lost confirmation of his view of himself as heroic (Biggs, 1966). He is in a state of intolerable shame and narcissistic mortification. What is more, he feels that this loss of status and esteem is the direct result of the injustice of the Atridae. His rage, saturated with the notion of injustice and of being entitled to recompense (in what Katz [1988] has called "righteous slaughter") supersedes all loyalties to the social order. In his altered state of mind, he does not even seem to feel conflicted. And later, he feels no remorse about the nighttime attack. It is only the madness of misidentification, his failure to kill his superiors, and his subsequent disgrace that bother him:

... if my eyes and mind had not leapt whirling  
 Wide from my aim, those two would never again  
 Cheat anyone with their awards and ballots!  
 But, instead, the fierce-eyed, overpowering  
 Daughter of Zeus, just then as I was readying  
 My hand and plot against them, set me sprawling,  
 Distraught and frenzied, and I dipped my hands  
 In the blood of beasts like these. And now they are  
 laughing  
 And triumph in their clear escape, which I  
 Never intended for them. But when God  
 Strikes harm, a worse man often foils his better (447-  
 457).

The judgment of arms, then, was the precipitating event that revealed Ajax's character as tragically flawed. The consequent shame propels him to his vengeful nighttime raid, an inevitable consequence of his flawed character.

### *Escalation of Shame*

Sophocles' literary device of representing Ajax's madness as inflicted on him by an offended goddess (embodying a collective response of the offended social order) was his method of un-

derscoring the blind, dissociated quality of vengeful attack. Such bouts of narcissistic rage indeed seem like madness because of their intensity, the sufferer's obliviousness to their destructive effects on bonding within the social order, and the selection of victims "misidentified" as the source of the rageful person's wrath. Far from being simple dramaturgic artifice, then, Sophocles' portrayal of the shame underlying the narcissistic rage of Ajax's "madness" is evidence of the poet's psychological and artistic powers.

Ajax's shame is compounded by the narcissistic rage in which he dissociated from all ties to the social order and misidentifies the object of his wrath in the monomaniacal pursuit of what he believes to be justice and restoration of pride and esteem. That he attacks animals rather than other men emphasizes that the act has placed Ajax, in his own view, on a subhuman rather than a superhuman level. It is his recognition of his helplessness in the face of the inevitability of such outbursts, due to his own flawed character, that escalates his sense of shame to suicidal proportions. He imagines Odysseus mocking him:

Ah, yes, son of Laertes  
 Spying everywhere, always  
 The tool of every mischief,  
 Filthiest scoundrel of all the army,  
 What a huge laugh you're laughing now, what gloating!  
 (379-383).

Ajax's awareness of the shameful state of self as disgraced, unworthy, and unable to maintain a meaningful bond with the Greek army and before Telamon (whose standards he adopts without question<sup>1</sup>) makes his suicide a psychological and hence a dramatic necessity. Tecmessa describes this to the chorus:

TECMESSA: . . . After the lightning  
 Flash and leap of the storm-wind,  
 He is calm. But now, being clear in  
 mind,

<sup>1</sup> See Scheff (1990) for a comparison with Goethe's *Werther*.

- He is freshly miserable. It is a painful thing  
To look at your own trouble and know  
That you yourself and no one else has  
made it.
- CHORUS: But still, if his fit is past, I should think  
he was lucky;  
A seizure, once it is done with, matters  
less. . . .
- TECMESSA: Ajax, so long as the mad fit was on him,  
Himself felt joy at all his wretchedness,  
Though we, his sane companions,  
grieved indeed.  
But now that he's recovered and  
breathes clear,  
His own anguish totally masters him,  
While we are not less wretched than before.
- CHORUS: Is not this a redoubling of our grief?  
You are quite right. Lady, I wonder  
If a fearful blow of God's anger may  
have hit him.  
It is strange that he feels no happier sane  
than raving.
- TECMESSA: Strange, perhaps. But the facts are as  
they are (256-281).

She describes her conversation with Ajax:

. . . he asked me where he stood.  
Friends, I was terrified by all he'd done,  
And told him, simply, everything I knew.  
Then he cried out—long wails of shattering pain,  
Like none I ever heard from him before;  
He always used to say such cries were base,  
Marks of an abject spirit. . . .  
Now, though, quite overcome by his misfortune,  
Refusing food and drink, he sits there motionless,

Relapsed among the beasts his iron brought down.  
 There are clear signs, too,  
 That he's aiming to do some dreadful thing . . . (314-  
 326).

Later, Ajax re-emerges from his tent and makes the "deception speech" that leads his intimates to believe that he has had a change of heart:

From now on this will be my rule: Give way  
 To Heaven, and bow before the sons of Atreus.  
 They are our rulers, they must be obeyed.  
 I must give way, as all dread strengths give way,  
 In turn and deference. Winter's hard-packed snow  
 Cedes to the fruitful summer; stubborn night  
 At last removes, for day's white steeds to shine.  
 The dread blast of the gale slackens and gives  
 Peace to the sounding sea; and Sleep, strong jailer,  
 In time yields up his captive. Shall not I  
 Learn place and wisdom? Have I not learned this,  
 Only so much to hate my enemy  
 As though he might again become my friend,  
 And so much good to wish to do my friend,  
 As knowing he may yet become my foe?  
 Most men have found friendship a treacherous harbor  
 (665-683).

But what is taken by the chorus as a resolve to change is actually Ajax's final tragic insight that precedes his suicide. He sees that to survive with honor, one must have the capacity for flexibility and cooperation; but now he sees deeply enough into his own nature and character to understand that *he cannot be other than he is*, and that meaningful bonding with honor is impossible for him. I agree with Knox (1961) that this is not an attempt to deceive Tecmessa and the chorus. Ajax is too self-centered to care about deceiving them. The speech marks the culmination of his self-recognition. It is an end to his self-deception about his own character.



*Calchas' Prophecy and the Failure of Defense*

After Ajax leaves, sword in hand, a messenger from Teucer arrives with news that Calchas has prophesied that Ajax will survive only if he stays in his tent for one day.

MESSENGER: For Calchas rose and left the kingly  
circle  
And came to speak with Teucer pri-  
vately  
Without the Atridae; gently he placed  
his hand  
In Teucer's own, and urged and pled  
with him  
To use all shifts to keep his brother safe  
Under his tent-roof, and confine him  
there  
Throughout the length of this now  
present day,  
If ever he wished to see him alive  
again.  
Only for this one day, the prophet said,  
Will the Goddess Athena vex him with  
her anger (750-757).

Here is another of Sophocles' insights into the vicissitudes of overwhelming shame put forward through the device of supernatural intervention. It is an insight into the duration of the ability to tolerate shame that is necessary for one to survive an overwhelming experience of shame. Put psychologically, if Ajax cannot tolerate the shame, he will have to destroy himself (Biggs, 1966). If he hides out, stays among his intimates, and waits a day for the fulminant shame reaction to subside—that is, if he can marshal these defensive activities and wait it out—he will survive. Otherwise, he will not. When he leaves, it becomes clear that the defenses which would offset the lethality of his shame have collapsed, and the upsurge of shame carries him inexorably toward suicide.

Tecmessa appeals to Ajax's bond to her. She proclaims her love and protests the fate of herself and her son if Ajax kills himself in disgrace. She begs him to save her and Eurysaces from degradation and shame. She is bound to Ajax despite the fact that he won her in battle by destroying her home and kin.

Ajax, my master, life knows no harder thing  
 Than to be at the mercy of compelling fortune.  
 I, for example, was born of a free father;  
 If any man in Phrygia was lordly and prosperous, he  
     was.  
 Now I'm a slave. Such, it seems, was the gods' will,  
 And the will of your strong hand. But since I've come  
 To share your bed with you, my thoughts are loyal  
 To you and yours. And I beg you  
 In the holy name of Zeus who guards your hearth-fire,  
 And by your bed, in which you have known peace with  
     me,  
 Don't give me up to hear the harsh speech  
 Of your enemies and bow to it, their bonds slave.  
 For this is certain: the day you die  
 And by your death desert me, that same day  
 Will see me outraged too, forcibly dragged  
 By the Greeks, together with your boy, to lead a slave's  
     life (485-499).

Ajax struggles with his loyalty to Tecmessa and his son:

My mood, which just before was strong and rigid,  
 No dipped sword more so, now has lost its edge—  
 My speech is womanish for this woman's sake;  
 And pity touches me for wife and child,  
 Widowed and lost among my enemies (650-654).

Ajax repudiates his attachment to Tecmessa as effeminate, womanish, and therefore shameful. The detachment resulting from his disconnection with the social order prevails over the strength of his bond to wife, son, and countrymen. His defenses

fail. He withdraws into a self-absorbed state of narcissistic injury, making suicide inevitable.

The scene with Ajax's wife and son has been compared to the famous scene in the sixth book of the *Iliad*, in which Hector visits wife and son before returning to battle (Kirkwood, 1965). The contrast is telling. Hector is strongly tied to wife and son, to the Trojan army, and to his parents by bonds of honorable attachment (Eros). Ajax is separated from wife, son, chorus, army, and parents by his disgrace (Thanatos). Ironically, Ajax kills himself with Hector's sword. In Achilles' absence, Ajax had been chosen to fight Hector in single combat and was honored by his foe with the gift of the sword when night fell and battle was interrupted. The gift marked the height of Ajax's glory and public esteem.

In terms of underlying conflict, Ajax's repudiation of cooperativeness and submission to authority as effeminate may be seen as a flight from his deep longings for paternal love and strength. These longings threaten him with an imagined submissive status that he sees as feminine. He attempts to be rid of this part of himself by removing himself from the social order. Another aspect of the same conflict can be seen in the very act of falling on his adversary's sword, i.e., phallic impalement as a masochistic feminine compromise.

Ajax's suicide is the end result of a struggle in which the bonds of attachment—to the Greek army, to Tecmessa, to his son, to the chorus, to his parents—failed following the escalation of pathological shame and his newfound, devastating insight. Destroying himself, Ajax was attacking the true source of his shame, not the Atridae or the misidentified livestock, but himself. The forces of detachment, defiance, destruction, and death (Thanatos) have prevailed over those of cooperativeness, attachment, and life (Eros).

## V

After Ajax's suicide, his half brother, Teucer, arrives and prepares to bury the corpse. Most of the last third of the play

concerns the conflict escalation in which Menelaus and Agamemnon try to shame Ajax further by refusing to allow his burial. The tensions in the play after Ajax's death, in sharp contrast to those which precede it, seem like petty wrangling, anticlimactic and unheroic.

The struggle over burial is a familiar one in Greek literature. To be refused burial betokens a state of shame. The *Iliad* culminates in the vengeful desecration of Hector's corpse by Achilles and then the securing of Hector's body for burial by Priam. This part of the *Ajax* is reminiscent of Sophocles' great play, *Antigone*, in which the tragic heroine defies Creon's edict that her brother, Polyneices, not be buried after his attack on Thebes. Antigone's defiance of Creon has much in common with Teucer's defiance of the Atridae. She defies Creon in ways that make him feel humiliated, and he replies in overbearing ways that heap shame on Polyneices' corpse; and the conflict escalates to its tragic finale.

After Menelaus arrives at the site of Ajax's suicide, he arrogantly forbids his burial. Teucer defies Menelaus:

MENELAUS: You, there! I tell you not to lift that  
corpse

Nor bury it, but leave it where it is.

TEUCER: And why the expense of this somewhat  
grand announcement?

MENELAUS: My pleasure, and the High Command's  
decree.

TEUCER: Perhaps you'd care to give some justifi-  
cation for it . . . (1047-1051).

MENELAUS: . . . no man exists on earth  
Who shall have the power to give him  
burial,  
But he shall be tossed forth  
Somewhere on the pale sand, to feed the  
sea birds (1062-1065).

The conflict escalates as shaming by one provokes defiance, arrogance, and further attempts to shame the other.

Menelaus departs in anger, but shortly afterward Agamemnon arrives with his retinue, and the reciprocal shaming continues:

AGAMEMNON: *You there! Are you the one they tell  
me of,  
Who had made bold to yawp these  
powerful speeches,  
Unpunished, so far, against me?  
You,  
The son of a captive slave-woman!  
What if your mother  
Had been a princess? Then I think  
you'd strut,  
Then you'd talk big! Why, as it is,  
being  
Nothing yourself, you have risen up  
to protect  
That man who now is nothing, and  
has sworn  
That I am not the general nor the  
admiral  
Either of the Achaeans or of you . . .  
(1225-1235).*

The Atridae fear shame and disgrace because their authority and standing have been defied, first by Ajax in life and then by Teucer over Ajax's burial. Teucer fears disgrace before Telamon if the latter learns that Ajax has not been buried honorably:

TEUCER: . . . Oh, what a crop  
Of anguish you have sown for me in death!  
Where can I go? Who ever will receive me,  
Now I have failed to help you in your need?  
Old Telamon is your father, and mine too:  
No doubt he'll welcome me and beam on  
me  
When I come home without you. Very  
likely!

He's not much given to smiling, even when  
things go well.

What will he not say? What reproach will he  
spare me?

*Bastard and gotten by the war-spear, coward,  
Nerveless deserter and abandoner—*

Of you, dear Ajax! or perhaps suggest  
I did it out of treachery, so that I  
Might get your house and kingship by your  
death.

These will be that harsh old man's re-  
proaches:

Age makes him morose and stirs him up  
To causeless anger . . . (1004-1018).

The cycle of reciprocal shaming continues while each side attempts to relocate shame in the other (Lansky, 1994; Retzinger, 1987, 1991; Scheff, 1987, 1990).

As the conflict escalates, Odysseus enters and persuades Agamemnon that Ajax should receive burial. Odysseus thus confers honor, not shame, on his worst enemy. He has intervened in the spirit of the forgiveness, mercy, and compassion that bind social forces together. With Ajax's burial, Odysseus has triumphed over the forces of shame, vengefulness, fury, and destruction that characterized Teucer's struggles with the Atridae.<sup>2</sup>

Odysseus' flexibility, forgiveness, and temperance—his *sophrosyne*—stand in sharp contrast to the behavior of the other characters in the play. Indeed, Teucer understands that Odysseus, however helpful he has been in resolving the conflict over Ajax's burial, is unlike Ajax's intimates. Odysseus is neither biased toward Ajax nor dependent on him; he is neither shame-prone nor reactive, and he does not deal with humiliation by attempting to shame his foes. He represents the life forces that

<sup>2</sup> Some critics have seen Calchas' prophecy as referring to the restoration of Ajax's honor in death, not in averting his suicide (Widgotsky, 1962).

bind together the social order (Eros) and opposes the forces of shame and narcissistic rage that work to destroy it (Thanatos). In the honoring of Ajax's corpse, the forces of life have triumphed over those of death. Ajax, in death, has been reinstated into the social order by honorable burial.

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## Winnicott Goes to the Movies: The False Self in *Ordinary People*

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## WINNICOTT GOES TO THE MOVIES: THE FALSE SELF IN ORDINARY PEOPLE

BY KENNETH M. NEWMAN, M.D.

*Winnicott's theories of development, while appearing metaphorical and impressionistic, actually offer a remarkably consistent explanation for pathological character formation as an outcome of environmental failure. He suggested that faulty mothering can lead to a chain of disturbing internal psychic events that necessitate a reorganization in the child. A major pathological resolution is the formation of a false self and false self bonds. Winnicott's recommendations for treating the crippling effects of the early traumata proceed logically from his concepts of developmental pathology. The film, Ordinary People, offers a way of understanding the tragedy and then the hope stemming from the application of Winnicott's concepts.*

### INTRODUCTION

In a somber yet lyrical depiction of psychological disaster, Robert Redford opens his film, *Ordinary People*, with the death of a child. Detailing the tragic reverberations of this event for the parents and the surviving younger brother, Redford traces the fault lines within the family unit and those within the individual characters of each family member, with special emphasis on the mother-child relationship. His subtle references to false affective states and accommodative character formations can be seen as illustrating some of Winnicott's clinical concepts, ranging from compensatory structures to the false self. This paper dis-

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cusses these and other developmental phenomena, relying upon the imagery of *Ordinary People* to bring them to life.

### *Winnicott's Theories*

Winnicott's views on the early development of the self are often presented in metaphorical and romanticized ways, setting each of us the task of creating our own version of what I call a "usable Winnicott."

The developmental meaning of usability encompasses a variety of maternal functions which Winnicott referred to as "adaptation to need." The role he assigned to maternal adaptation is, for the most part, that of permitting infants the experience of being the initiator of their own need states, as well as allowing them the illusion of being the creators of their own objects. This permissive responsiveness facilitates what Winnicott described as the infant's "omnipotent gesture." It parallels the phase-appropriate grandiose self of Kohut, many of the same features of maternal attunement being involved in its establishment. The infant's self becomes strengthened through the experience of his or her id appetites taking precedence over external pressures—in contrast to pathological situations in which there might be a subtle demand that the infant become precociously aware of mother's needs instead of his or her own. An example can be seen in feeding. Is it the baby's sensations of hunger that the mother accurately perceives and responds to? Or does she respond to her own internal state or her notion that it is time for her baby to eat? The manner in which issues like these are transacted in a whole host of areas defines an aspect of "good enough" mothering.

Winnicott also described the paradox involved in facilitating the development of the imaginative and creative self: the child's libidinal appetites create the need for an object—and through the proper maternal adaptation the object is there to be found. This somewhat illusory phenomenon highlights the appropriate

responsiveness to omnipotent gesture and also introduces Winnicott's innovative concepts of play, illusion, and transitional space.

While Winnicott's concepts were outlined in somewhat poetic and vague terms, the spirit in which he described the environmental soil in which the infant takes root or "comes into being" is unmistakable. The term "holding environment" must be introduced here because it derives in part from the mother's capacity to gain satisfaction from her infant's internal strivings and the legitimacy of the baby's early sense of omnipotence and need for illusion and play. "Holding" in the early stages refers to the mother's function of facilitating the child's imaginative and creative self as it strives to shape the object relationship it needs.

Winnicott was one of the earliest developmentalists to endorse the notion that the growth of reality testing, the gradual relinquishment of omnipotence, and the beginning of object finding and usage all take place in the context of "optimal responsiveness." Winnicott (1956) observed that in the repeated sequences which confirm maternal adaptation to the infant's needs, the child gradually begins to recognize that there is an object outside of his or her sphere of illusionary control. Through the reliability of the mother's responsiveness, the infant is able to build an increasingly strengthened self and ego, which in turn permits reliance to shift from omnipotent control to dependence on a source outside of itself.

Winnicott (1969) elaborated these transactions in his concept of "subjective relating," a form of relating which in time develops normally into "object usage." Subjective relating is initially a phase-appropriate concept (again, with properties analogous to Kohut's grandiose self) which encompasses the infant's belief in his or her ability to omnipotently control the (transitional) object. It includes the ability to place the object within transitional space where it can be used in accordance with the infant's needs. In time, as satisfactions accrue, connections begin to be established regarding the object's separate existence. The baby begins to realize it is not solely his or her creation, and this acceptance

of diminished control leads to dependency, object seeking, and the capacity for object usage.

Before discussing the concept of object usage, I would like to introduce Winnicott's depiction of "environmental failure," as well as my own views on this topic which I hope, in the true spirit of Winnicott, will add a bit of creativity. By extending Winnicott's ideas about "environmental failure," I hope to offer a more comprehensive explanation for other Winnicottian terms, which include the "holding environment," "survival of destruction," and the pathological "relating" to objects known clinically as the false self.

Environmental failure, that is, the mother's interference with her baby's coming into being, was referred to most often by Winnicott as "impingement anxiety." This is the thwarting of those needs attached to the omnipotent gesture, the creation of the transitional object, and the infant's phasic need for the illusion of subjective control. However, I believe the notion of impingement anxiety is much too pallid to encompass the damage done to the infant's internal world and underestimates the scope of the pathological sequelae.

Winnicott, in writing about adult cases of melancholic and severe character disorders, traced the roots of the fear of abandonment and the crippling forms of the false self to impingement anxiety. In this paper I will attempt to amplify the full extent and consequences of the mother's chronic failure to adapt. Primarily, it causes feelings of profound loss, or annihilation of the self, along with the intense affective reactions of rage and helpless reactions to frustration. The nonattunement to the unique basic needs of the infant is not the only source of anxiety. The inability of the caretakers to manage the accompanying affects, particularly rage, is often the decisive factor leading to pathological internal changes in the sense of self and in the introject. If the narcissistically vulnerable parent feels too hurt or criticized by the infant's intense feelings, she or he may withdraw or retaliate. The parent will not be available to help the infant contain and integrate powerful feeling states. The

infant now has a psychic dilemma. Confronted by an object who cannot provide a container for intense emotions and too immature structurally to “hold” these on her or his own, the baby is forced to turn away from both the frustrated feelings and, more insidiously, from her or his spontaneous needs which, if acknowledged, might reawaken frustrations. At this crucial juncture we see the emergence of ego weakness and the beginning organization of the false self. In essence, the parental objects fail to provide the “holding environment” which would make affects containable. The parents then symbolically fail to survive the destructive affects which should have been absorbed, embraced, and integrated within the child’s self system. Since the structure for their containment is missing, these affects must be not only repressed and walled off but, worst of all, registered as dangerous, even lethal.

The child now has a weakened self matrix for dealing with needs and disappointments. If we were to picture the inner world of the infant, we might metaphorically speak of a two-fold malignant introject: first, that of the faulty caretaker, who is too narcissistic, critical, or demanding to provide sufficient mirroring, cherishing, or attunement—which may also include a parent too critical of dependency needs and/or too much in need of total control to value independent initiative and imaginative self-realization in the developing child; and second, the faulty caretaker’s incapacity to manage the affects that emerge because of the failures outlined above. Thus, the child internalizes not only the disappointing parent, but also the parent’s inability to deal with the results of disappointment, i.e., pain and rage. For the child who has experienced these two-fold failures, the inner atmosphere becomes filled with despair, rage, loss, and hopelessness which the term “impingement anxiety” only hints at.

When a child is confronted with this dilemma, there arises an urgent need for a solution. This brings us to the motives for the child’s developing the character of the false self. Winnicott (1960), as noted earlier, spoke of subjective relating as the early,



phase-appropriate belief of the child that she or he controls the object. Winnicott further noted that the mother might be good enough in her adaptation if she allows her infant to confirm her or his omnipotent gestures. In a pithy aphorism (Khan, 1958) Winnicott stated that the infant creates the need for the object, but that the object is there to be found. However, if severe impingement occurs, the healthy version of subjective relating becomes distorted. The infant or child attempts to manage the pain of inner reality through the use of fantasized control over external reality. The object (mother, for the most part) becomes "related" to and experienced in a rigid way. Through a series of projections forged out of the necessity to adapt to this failed maternal object, the illusion of the latter's availability and responsiveness is created. This semblance of security, achieved through meeting the other's needs at the expense of one's own, is an essential feature of the false self and false self bond. The infant begins to abrogate aspects of his or her own uniqueness related to his or her libidinal core and substitutes hypertrophied ego functioning to cement a pathological tie to the other. These bonds often represent special devices (paralleling Kohut's concept of the vertical split) which gratify and stimulate the faulty but necessary parental caretaker ( see also Miller, 1979).

To re-emphasize what Winnicott has suggested: the original problem stems not only from failures in good enough maternal attunement to the infant's need but also from the caretaker's inability to "survive" and help the child survive the powerful feelings activated by developmental disappointments or environmental injuries. The false self is a way of "relating" to the object; as such, it represents a fixation along the developmental line. Under optimal conditions, the child can move from subjective control over the object (i.e., the phase-appropriate conditions related to early omnipotent gestures) to a recognition and acceptance of the separateness of the object. If the child is able to place the object outside, nourishing and novel transactions can occur between self and other which are the essence of the word "usability." Simply put, the essence of the infant's

structure is strong enough to trust depending upon an object which is not psychologically viewed as strictly under control.

The psychological motives for a pathological shift are as follows. First, the false self provides partial gratification of needs, in that the mother is fairly well guaranteed to be responsive to and stimulated by the child who performs for or needs her. In addition to providing a connective emotional experience, the false self is even more beneficial; it creates in the child the illusion of being special, good, or valuable to the mother, so that the *noise* which would come from a chronically depressed internal atmosphere can be quieted.

A further and quite important motive for the subject's maintaining this compromise bond is that it subtly acts as a defense against the emergence of the needs of the true self. Since the false self bond is based upon an essentially distrusted relationship, it is unlikely that the true self will re-expose its authentic feelings without some significant positive mutative experiences, experiences which serve to disconfirm fixed unconscious perceptions of the pathological relationship. Winnicott spoke of active noncommunication, a term by which he meant the true self is kept in active repression by a variety of ego defenses. The purpose of these defenses is to prevent retraumatization and the rearousal of overwhelming affects. In those for whom the fear of reactivating affects is greatest, the near-paranoid clinging to the false self bond is actually a way of keeping the true self from participating in a genuine relationship.

Having outlined the formation and function of the false self, I will now hypothesize about the consequences of this pathological formation for later development.

Breakdown in a variety of forms can arise from the vulnerable matrix of the false self. The inability to develop and internalize structures autonomous enough to provide self-regulation, soothing, and tolerance of feelings represents a severe manifestation. If a whole inner life has to be walled off because the experiencing ego or self is afraid of both its spontaneous libidinal needs and its negative affects, then this self is extremely

brittle. The control over the world that is manifest in the false self bond is a rigid way of *avoiding* new experiences and the awakening of deeper needs. Most important, it is a way of avoiding disappointment. The exploited dependency bonds, additively and often successfully clung to in childhood, supplant the healthy processes of internalization and continued emotional growth. Thus, the susceptible child, confronted with demands for individuation and separation, is forced unconsciously to take inventory. Lacking the necessary inner resources and coherent self organization, and pressured to give up the earlier ties, the child is totally unprepared for the new stresses—for the contrast between deficient self-regulating capacities and the strains of adolescent upheaval. In the face of their underlying psychological weakness, such children may feel unable to hold on and, emotionally, may drown. For others, the demands for separation reflect a recognition of a state of inner reality that they have tried to put off. A whole lifetime of feeling emotionally deprived and isolated from the touch of a loving other threatens to be exposed as the threads of barely nourishing ties are loosened. Loss or separation always forces us to become aware of the reality of the ties we have with existing objects. If, in fact, they have been mostly formal and compliant and designed to conceal the real nature of inner connection to cold, unloving remoteness, then the crisis of adolescence can shatter this illusion and serious depression will appear. The film, *Ordinary People*, illustrates this dilemma with extraordinary candor and sensitivity.

### *The Film*

*Ordinary People* opens with a nightmare and closes with a restitutive embrace. It describes the gradual disintegration of a family myth. Director Robert Redford has sketched brittle characters who strive to appear ordinary despite inner chaos. This is seen most poignantly in the struggle of Conrad, who watched his older brother, Buck, drown in a boating mishap. Tormented

by the knowledge that he held on to the overturned boat while Buck let go, Conrad has attempted suicide, has spent several months in a psychiatric hospital, and has recently come home to the family's mansion. The lighting tells the story: the house is colorless and somber under the weak filtered light of a late autumn afternoon. Into this cold, lifeless house enter the parents, the father fumbling with a vague sense of humanity and concern, and Beth, the mother, wedded to a version of normalcy which precludes acknowledgment of any genuine affect.

Through the plastic representations of film, core aspects of the human condition can often be depicted in forms that resonate with contemporary anxieties. *Ordinary People* is one of those rare films that can simultaneously touch, entertain, and communicate essential psychological truths. The story is based on a long-hidden environmental trauma brought suddenly to the surface by a current tragedy.

My use of the film is not intended to be taken as a literal interpretation of the text, but to extend metaphorically the central themes of Winnicott's theories. In this paper, the film serves as a scaffolding upon which a more detailed understanding of defensive character structure can be built. Each family member is assigned the role of a clinical icon around which a hypothetical analysis unfolds. In particular, the character pathology of the older brother, Buck, as portrayed in this paper (in contrast to the brief glimpses provided in the movie), will serve as a centerpiece for the explication of Winnicott's clinical concepts. I view Buck as an amalgamation of patients I have known in clinical situations that reflect the cultural and interpersonal milieu depicted in both Judith Guest's book and Redford's film.

To this view of Buck, I will add the sense we have of a special role he played with his mother and the implied impact her characterological adaptations might have had on him. This hypothetical treatment of Buck, as well as a speculative amplification of Conrad's therapy, will be employed not to claim a definitive understanding of either boy, but rather to offer an application of Winnicott's theories to the personalities available in the film

for all of us, as audience and analysts, to witness. The film itself is significant only insofar as it provides a shared emotional substrate within which various clinical phenomena can be explored. We each have our own version of the film. It is this subjective experience of the various personalities depicted which I hope will bring the following theoretical concepts to life.

The death of his older brother, Buck, serves as the external stimulus for Conrad's severe depressive collapse. It is also the catalytic moment which activates a chain of psychic events that eventually expose the illusions that have been maintained within the family. The film offers a superb opportunity for demonstrating the concept of the false self—not simply as it is portrayed by a single persona, but as it permeates the fabric and character of each family member. This theme varies, emphasizing one or another component feature in each of the participants, much the way the tapestry of a dream uses a range of people to depict parts of the whole.

Buck's drowning, with its devastating effect on Conrad and his mother, begins to lay bare the illusions that had maintained a precarious homeostatic balance. The most obvious victim of the death was Conrad, and it is through his eyes that we witness the stripping away of myth. Gradually, we discover that survivor guilt is not a sufficient explanation for Conrad's collapse. It is not simply whom he lost that devastates him but, more significantly, whom he is left with. The family tragedy and the mother's subtle emotional withdrawal are enough to shatter their frail relationship and awaken in him a truth he has unconsciously repressed. His narcissistic, brittle, reserved mother had always offered a conditional love, and the lion's share of it had already been claimed by Buck. Their relationship, were we to have witnessed it through Buck's unfolding development, would have been a beautiful paradigm for portrayal of the false self. His capacity to perform in areas chosen by and gratifying to Beth would have shown a seemingly successful false self bond.

Conrad, we learn, could never fully enter into this form of pathological attachment to the mother, in part because he was

the second child and the partnership had already been forged. We may also consider that he had some inner strength that allowed him to resist being coopted in an unholy alliance which he unconsciously perceived would destroy a vital part of his true self. However, he also obviously colluded in some way in a family illusion which could no longer be maintained when the external events strained the major disavowal mechanisms to the breaking point. Until Buck's drowning, the fiction of the mother as effective and loving could be maintained with a shared family perception that she provided warmth and a sustaining presence. But we learn that the loss of her chosen selfobject exposed her pathetic incapacity to truly love anyone. As the film unfolds, we see, through Conrad's eyes, that a world seemingly peopled with important objects was in fact a very isolated and lonely one. His friends and family are people he was "related" to, but more as substitutes for a genuine attachment, or, as I will later elaborate, these objects have never been "used." The film is able to evoke a sense in us that Conrad's life, his activities, his emotions, have always been veiled in pretense, the reluctant compromise of many "ordinary" people.

The serious depression and apparent suicide attempt which caused Conrad to be hospitalized have a variety of determinants, but I believe it was the devastating recognition that his mother never loved him that plunged him into the heart of darkness. Buck's presence served a number of functions for Conrad, but, of crucial importance, he served as a buffer for the mother's pathology. Not only did Conrad lose an important sustaining relationship (a substitute for the loving but ineffectual father), but the fact that Buck could bring a gleam to the mother's eye helped shield Conrad from his unconscious perception that those eyes were dead for him.

If we were to have known the older brother, Buck, he would have represented the false self honed to its adaptive best. He was chosen to be mother's special object, albeit a narcissistically invested one, and we can surmise that his unique gift allowed him to feel close to her and valued by her, and unconsciously to quiet



the disturbing noise from deep within—the awareness that even he was not truly lovable for his own uniqueness, but rather conditionally. The molding to his mother's need must be considered successful on one level—he was greatly admired, celebrated, and cherished. The only way we can intuit the cost to the fabric of his central self is through the metaphor of his death: when faced with the stormy waters of adolescence, with its demand for the strength to face individuation, some essential strength in Buck was lacking, and, rather than being able to hold on, he went under.

Conrad, the lightening rod for revealing the family dynamics, is the one who was always closest to realizing the subtle but toxic effect of his mother's disturbed narcissism. Yet he had apparently been able to conceal from himself his depressive and anxious self by consciously sharing the myth that Beth was a loving mother. As long as Buck was alive, her positive self-esteem, bolstered by the narcissistically gratifying attachment, could extend to him. Conrad's breakdown, his painful depression, is linked sensitively by director Redford to the loss of his brother but also to the catastrophic breakthrough of his awareness that his mother never loved him. Beth is stricken by her own loss, and her lifelong incapacity to emotionally hold Conrad with her eyes or feelings now emerges in situation after situation, which no amount of disavowal can camouflage.

Buck's death as catalyst for Conrad's breakdown is reminiscent of Guntrip's (1975) paper detailing his analysis with Winnicott. In his first analysis with Fairbairn, a renowned Scottish analyst, the major focus was on Guntrip's enduring sense of guilt which was purportedly triggered by the death of his younger brother, Percy (age three), when he, Guntrip, was five or six, a loss dramatized by the memory of his coming into the room and observing his dead brother lying in the lap of his bereft mother. The working formulation was that death wishes toward Percy were in part displaced from the oedipal father, and the achievement of these wishes resulted in chronic depres-



sion and an attempt at repair through compulsive, joyless overwork.

Winnicott, in time, developed a different view of Guntrip's emotional collapse at age five. Through reconstructing the period before the tragedy, Guntrip and Winnicott realized that a severe disturbance in Guntrip's relationship with his mother antedated Percy's death. Winnicott then reinterpreted Guntrip's reaction to seeing his dead sibling in mother's lap as the tragic recognition that mother was emotionally incapable of keeping anyone alive. Guntrip's lifelong workaholic symptomatology was then seen as representing the driven need of the ego or self to provide solipsistic self-holding—a desperate need to maintain the sense of continuity and existence in the face of an underlying dread of becoming aware of a profound emptiness. The ultimate source of this anxiety stemmed from the failure to internalize the sustaining affective availability of the maternal object.

I believe that Conrad's depression can be explained by nearly similar dynamics. The loss of Buck deprived him of a major love object, exposed the mother's true pathology, and made him aware of his own dreaded abandonment anxiety.

Now I will consider an imaginary treatment not only for Conrad but also for Buck. Actually, Buck would present with the more typical form of the false self. You might inquire why he would come to treatment at all, and I would agree that he probably would not feel anxiety or depression until a later point in his life when the subtle defects in his seemingly adaptive character began to reveal themselves, especially if some external pressure interfered with his restitutive defenses. But let us suppose that he survived and, in his early twenties, came into our office. In the first session he tells us a dream—in fact, a nightmare—about feeling too weak to hang on to his capsized boat and about his dread of drowning.

Let us imagine, then, that Buck were to become an analytic patient; and then let us fantasize about the possible paths open

to us as the treatment unfolds. For example, in one scenario he might present us with his ingratiating self, anxious to deliver us a charming young man who, through his skills at intuiting the needs of others, is able to excite in us the possibility of analyzing a gifted patient. Given sufficient evidence of and attunement to subtle affective dysphorias or anxieties for the most part ignored by the patient, we might, rather early in the analysis, offer an interpretation which speaks to Buck's efforts to quiet these potentially emerging feelings. In essence, we might even look this analytic gift horse in the mouth in order to shift our investigations from his performance and adaptation to others to a focus on what he has been so adept at defending against.

In other words, we would be addressing the presenting false self character and assigning to it the motive of warding off a mostly repressed and frightening affect state. Buck might resist some of these efforts by denying or minimizing the importance of his sadness and, by inference, the assumption that something had gone wrong in his primary relationship with his parents. Here we might be able to continue our main theme by interpreting his "resistance" as in some way representing an identification with his mother, i.e., minimizing the importance of unpleasant moods, particularly those which represent attacks on her mothering.

But a second, and possibly more frequent pathway the treatment could take is the following. From the onset of analysis, it might seem apparent that Buck and the analytic process were made for each other. He might discover that he had much of emotional significance he had never spoken of and a marvelous facility for making connections and communicating in a psychological way. Rich material could emerge concerning his special relationship with his mother, and, gradually and with difficulty, he might reveal his conflict over his achievements. He might talk about how he often felt his mother was more excited by his trophies and scholastic accolades than by his father's modest but real professional achievements, and about how, unlike most

older brothers, he felt little apparent ambivalence about Conrad. Here, too, we might find his major worry was feeling somewhat “guilty” about being in the spotlight. This material would naturally provide lively analytic hours and much mutual interest in uncovering dynamic conflicts and insights into inhibitions and subtle anxieties.

After some months, however, I imagine that I might notice periods of flatness in the material and Buck becoming a bit withdrawn. He might also voice dissatisfaction with himself and vaguely allude to frustration with our work. On my part I could imagine becoming a bit disappointed, occasionally bored and disquieted, especially as I contrasted these later hours to the earlier, more stimulating sessions. I could also experience some annoyance at Buck’s withdrawal or subdued participation. At this point, I hope that as I reviewed in notes the overall treatment, I would begin to get hold of my participation in the total transaction. A dream or an extratransference allusion in which Buck referred to his need to provide stimulation to others, particularly to women, might have tipped me off about my role. I might have already recognized my countertransference reactions, which would allow me to begin to use them therapeutically. As much as I might have been intellectually alerted at the outset about Buck’s character, I might still be unprepared at a more critical emotional level for my collusion. I would begin to realize that his restitutive need to charm and enliven another had met needs of mine and temporarily coopted responsiveness on my part. My initial disappointment and frustration would occur because this input of excitement was no longer available to me. But I believe a deeper annoyance on my part would be related to the recognition that I was, in fact, the distrusted mother. This would be a serious blow to a desired image of myself as dissimilar from this narcissistic mother who needed her son to be her object. To have truly sensed the nature of his initial transference to me would have allowed me to gain access into his essential distrust and hatred of his most needed objects. For him, being a trophy-bearing, exceptionally adept patient

warded off his getting in touch with a terrible dread of being emotionally abandoned.

Once I could sense, after my countertransference enactment and empathic lag, the nature of his inner world, I would potentially be able to offer some therapeutic help. As I began to understand the way I had taken on part of the mother's mothering, I would be in a position to appreciate that Buck's retreats, moments of apathy, and even frustration were actually to be welcomed. As long as Buck could engineer a sense of specialness, he could control from the outside the emergence of affect states which he had needed to isolate from his experiencing self. His mother's failure to manage her own affects and her intense need to maintain an image of competence had rendered her unable to aid him in handling early tension states and pain emanating from experiences of separation or inevitable disappointments.

Since Buck was deprived of the holding function accruing from good-enough maternal care, we might speculate that he was unable to develop the ability to "take over" (Tolpin, 1971), in a graduated way, the self-calming functions so necessary for building a strengthened self. He was offered a solution to this traumatic disillusionment—the opportunity to establish a collusive bond. This tie evolved out of his hypercathected, precocious ego functions and unique abilities to meet his mother's need for a "special" child. The price was a crucial compromise in the development of a coherent and individuating self—one that is confident of its capacity to integrate and manage affects and the strains of disappointment, loss, or separations. As Khan (1963) stated, an archaic dependency bond is exploited through an addiction to being "special," while the inherent weakness and a vulnerability are dissociated and walled off. The cumulative trauma, according to Khan, is muted or put in abeyance, and a fairly healthy and effective functioning self emerges, which, however, may break down in times of acute stress. One insidious aspect is that the collusive bond may operate silently up to adolescence, masked more emphatically if the child is gifted.

In the treatment, my recognition of and attention to the dysphoric affects would be a first step toward welcoming them into the clinical situation. Even my acceptance of myself as having temporarily enacted the narcissistic needs of Buck's mother could have served to permit negative feelings and protest to enter our relationship. (Our validation of our patients' implicit criticisms through their recognition of our countertransference [see Hoffman, 1983] could be a paradigm for patients' use of analysts' holding function.) Beth could never deal with criticism, especially as it implied disappointments in her fragile image of herself as perfect mother. This vulnerability made it impossible for her to provide a protective shield for regulating tensions and, in turn, interfered with Buck's ability to internalize the structures necessary to contain and integrate affects. Thus, a vital aspect of the treatment might well have been my offering a new mutative object experience for the management of feelings.

I believe this is what Winnicott's notion concerning the object's survival of destruction is all about. That a person is addicted to false self enterprises and the compulsive need to please actually attests to his or her fear of letting go of an unconscious control of the object's response. The beginning capacity to relinquish total addictive-like control via the false self structure comes with an increasing confidence that the object can survive and embrace intense feelings, and the self can then find ways to integrate these feelings.

Let us imagine how we, as analysts, might conceptualize the treatment process with Conrad, utilizing what the film provides and amplifying it with speculation about his inner needs and fears. Conrad presents as a different kind of patient, although suffering from many of the same early environmental failures. Since he never experienced the questionable "benefits" of being the "chosen" or special child, we may begin to speculate that even in childhood he was more intimately in contact with his own depression and loneliness. However, Conrad does appear to have developed mechanisms for repressing the painful truth that he had to keep from awareness: the shocking knowledge

that his abandonment and loneliness resulted from maternal unavailability, or, even more dreadful, inexplicable hatred. His character resolution was a variation of his brother's—he was a compliant, good boy who, through sanctioned actions and activities, maintained enough sense of connection with his parent's ambitions to keep his vulnerable self intact. But we also can speculate that behind his seemingly normal involvement, his object relations were held at a greater emotional distance than it appeared.

There is also the implication, borne out by subsequent events, that because he had not been permitted that special bond with mother, he had been forced to turn inward to find his own resources. This may have given him the strength to survive despite his more overt depressive features. In addition, he had an older brother who was much more than a rival; he was also a source of nourishment and responsiveness. Finally, although a hesitant and often weak ally, the father had provided some substitute maternal warmth.

In the treatment situation, the therapist would be required to forge a “usable” emotional connection for Conrad in the face of manifest distrust and distance. We would come to learn how little Conrad had permitted himself to rely on others and how much of his true self he had to maintain in a state of noncommunication with others. Like Buck's character, Conrad's character had been shaped to conceal from others the genuine nature of all his emotions—thus loving feelings, linked unconsciously to injury and negative affects, were excluded from his central self matrix. Since his relations with others were based on control and repression of authentic feelings and needs, we would learn that much of his life had been lonely well before he reached adolescence. But it took the metaphor of a gathering storm and the family tragedy to shatter his defenses of disavowal and expose the unbearable feelings.

The therapist would have to create a climate of hope that a new kind of human experience can counter the frozen and distant internal atmosphere created mostly by the unreachable



Beth. A paradigm of affective availability would be required to offer an opportunity for the reconnection of lost parts of himself with needed new objects. The allies the therapist would have in attempting to “seed” a new experience are the shadows of the positive experiences Conrad had with both Buck and his father.

In the film, the psychiatrist does initiate the treatment by offering an aggressive presence and potential “holding” environment for the expression and containment of warded-off affects. It is no coincidence that Conrad calls upon the therapist for help late at night and certainly at an inconvenient time. At times, it is just these enactments which bring about the urgent moment in which mutative change might occur. With a boy like Conrad, chronically distrustful of people’s willingness to risk their own comforts or act at the behest of his agenda, it may well take the therapist’s spontaneous availability to begin to breach Conrad’s attachment to negative, unyielding introjects. It would also be essential that the therapist not recoil from veiled or open criticisms that may imply that the therapist is duplicating aspects of the self-serving and image-conscious parents. For example, Conrad’s “resistance” to participating in certain family-endorsed activities, such as the swimming team, must not be seen simply as a sign of hostility or withdrawal. Rather, it may be viewed as a communication from him about his right to say “no” as a component of his psyche’s attempts to preserve nuclear parts of himself. The therapist may need to see such behavior through the subjective eyes of his patient rather than assuming the explanation from preformed theory.

The same holds true for perspectives on the loss of his brother. While sibling rivalry and survivor guilt are natural explanations and are given much weight in the manifest content of book and film, subtler and equally compelling issues are suggested by the underlying themes of the film so sensitively evoked by Redford. While it is tempting to see the wish for Buck’s death as based on early sibling rivalry, on the one hand, and on Buck as a displacement of oedipal rivalry with the father, on the other, it is also possible to view this from the reverse side.



Because of the father's weakness and his vulnerability to his wife's demands for loyalty, he repeatedly forsook Conrad emotionally. Thus Conrad's turn to the apparently kindly and generous brother was vitally important in giving Conrad a vestige of emotional support. In many ways, the director's portrayal of mood and his central focus on the mother convey more decisively than the psychiatrist's insights that the acute loss of brother as sustaining selfobject and the childhood loss of the mother are the major sources of Conrad's depression.

Once we have recommended treatment for the boys, we certainly need to consider the parents, at least briefly.

Although the father, Cal, is ultimately a compassionate figure, we must recognize the extent to which his narcissistic vulnerability rendered him unable to be of value to his sons. His need to preserve his image of Beth as ideal, both to maintain his tie to her and to bolster his own self-image, could explain his chronic blindness to their relationship. Were he to acknowledge disturbing perceptions of her actual nature, his disavowal mechanisms would be shattered. His need for the illusion of connectedness to Beth as a loving mother required him to deny consciously what he knew unconsciously. His retranscribing the memory of the sock incident on the day of Buck's funeral represented his capacity to finally face his disappointment and disillusionment. Until then, he had needed to sacrifice vital aspects of his relationship with Conrad. Part of what he sacrificed in blinding himself to Beth's self-centeredness and coldness was his own need for recognition and love. Thus, he could hardly allow himself to recognize what Conrad needed and was missing in the relationship with Beth, for such an awareness would awaken his own needs and, more frighteningly, his own feelings of injury, loss, and rage.

What of Beth? She, of course, comes across as the heavy, and we are forced to cheer as she gets her comeuppance and flees in ignominy. But were we to know her history, I feel confident that we would be able to develop compassion for her. Her brittleness and emotional blindness seem to represent an inability to em-

pathize. In time, we might help her see her identification with a parent whom she had experienced as unresponsive or cold. Her lack of empathy, especially as it is played out with Conrad, might have been constructed as a desperate attempt to deny her deeper, more sensitive need states and the legitimacy of childish claims. Ultimately, she is a true prisoner of her own childhood. If she can convince herself that her boy does not need a mother's attunement or reassuring support and she does not hear the clamoring for response, then she is safe in concluding that she did not need them either. In this way she can keep her own childhood sense of deprivation, loss, and rage in repression and substitute in its place the mask of the Ordinary Person.

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## Book Review

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## BOOK REVIEWS

THE RHETORICAL VOICE OF PSYCHOANALYSIS. DISPLACEMENT OF EVIDENCE BY THEORY. By Donald P. Spence. Cambridge, MA/London: Harvard University Press, 1994. 228 pp.

The psychoanalyst who has original ideas and a desire to communicate them faces a dilemma around the special status of Freud's writings and ideas. Despite the fact that Freud occasionally indicated that his ideas were speculative and tentative, he and his followers treated his work as a canon of received wisdom, if not religious doctrine. The analyst with a new idea or perspective must, as a result, place his or her work in one of two positions: either as an addendum to Freud—an expansion, clarification, or filling-in; or as a substitute for some or all of Freud's theory—a critique, dissent, or complete theoretical schism. Another way to put it would be to say that Freud established himself as the oedipal father, the leader of the primal horde. Such a titan can sire only submissive followers, promethean rebels, or permanent exiles.

Donald Spence's third book both examines this problem and, at the same time, exemplifies it. Subtitled *Displacement of Evidence by Theory*, the volume is largely an analysis of the difficulties created by psychoanalytic language, specifically, the rhetorical nature of Freud's writing, a problem that continues to bedevil psychoanalysis today. In his first book, *Narrative Truth and Historical Truth*,<sup>1</sup> Spence applied the idea of narrative to psychoanalytic process, suggesting that what is discovered is not the actual past, but the story of the patient's present psychology. Here, he turns to an examination of theory as narrative. Spence argues that Freud used powerful rhetorical devices to persuade his potential followers that his ideas were correct. While claiming that his conclusions were scientific hypotheses based on clinical observation, Freud, in fact, developed highly evocative metaphors that won acceptance for his ideas by evoking powerful symbols and touching central cultural themes. The result has been (1) rigidity of theory—because much of theory

<sup>1</sup> Spence, D. P. (1982): *Narrative Truth and Historical Truth: Meaning and Interpretation in Psychoanalysis*. New York/London: Norton. Reviewed in this *Quarterly*, 1984, 53:459-466.

is metaphor that can be neither proven nor disproven; and (2) limitation of discourse in psychoanalytic literature—because the central metaphors of theory have attained the status of “truth” that is no longer questioned scientifically.

Spence makes his point effectively and thoughtfully. He begins with the moment often considered the birth of psychoanalytic theory, Freud’s replacement of the seduction theory with the idea of unconscious wish and fantasy. Methodologically, at this point Freud ceased using series of cases to back his conclusions. He now relied on single cases and self-analysis. Further, Freud’s manner of reaching conclusions shifted, Spence argues, from the post-Renaissance, Galilean, inductive model he had learned as a young researcher, to an Aristotelian model based on single specimens of observations. Conclusions are reached with techniques akin to the medieval “Doctrine of Signatures,” a belief that there is a hidden order in observed experience that may be decoded using one of a series of “similitudes.” Thus, a tower in a dream is interpreted as a phallus because they share a common quality. Or an analyst concludes that the form and the affect of a transference state represent a childhood experience. There is no independent evidence for these assertions; they depend on arguments of similarity.

Spence pursues his critique through several of the major icons of psychoanalysis—the *Traumdeutung*, Dora, and Freud’s self-analysis. In each instance he demonstrates that a powerful metaphor has been substituted for testable scientific observation. For example, in the chapter, “Self Analysis as Justification,” he points out that Freud’s reports of this important source are very sketchy. Spence argues that what Freud has done in the rhetoric of references to his self-analysis is evoke the myth of the hero who obtains special status by an arduous journey that includes a risky trip to the underworld. “The fallacy of generalizing from a single case loses much of its force once the single case has acquired heroic stature” (p. 103). Not only has Freud marched us into a scientific blind alley, but subsequent analytic writers have aggravated the situation. In analyzing a sample contemporary psychoanalytic paper, Spence points out that the author provides even less data about a clinical case than Freud did; conclusions are assumed from the beginning, and then a case is interpreted as demonstrating the author’s “hypothesis,” simply by assertion. While Spence acknowledges the clinical wisdom that

grows from psychoanalytic work, he bemoans the self-fulfilling quality of much of our literature. It is neither scientific in our modern sense, nor does it provide a sufficiently “thick” narrative description to convince the skeptical reader. “Bad case reports read like bad fiction” (p. 135).

My dissatisfaction with this book is not with its thesis that there are major problems inherent in psychoanalytic theory and discourse; Spence has joined a group of serious critics inside and outside psychoanalysis who are describing these problems. It is that Spence, after a highly creative beginning in *Narrative Truth and Historical Truth*, is focusing increasingly on a critique of Freud and psychoanalytic thought and is devoting less and less energy to developing the implications of his own original ideas. (Spence’s second book, *The Freudian Metaphor*<sup>2</sup> already trends in this direction.) In this volume there are eight chapters analyzing the nature and sources of Freudian rhetoric, followed by one chapter on a fascinating study of the analytic surface by Spence and collaborators using computer analysis of pronoun frequencies. This study could have been presented in far greater detail, or joined with other empirical studies, giving the volume a more positive and creative tenor. Or Spence could have enlarged on his earlier hermeneutic proposal that we look on process as a narrative to be “unpacked” in the analytic work with the patient. Alternatively, he could have illustrated the solution he proposes—detailed process reports with the analyst’s thoughts accompanying the text. But I suspect that Spence feared that technical research findings or lengthy case material would quickly lose his audience; the rhetorical power of pronoun correlations, or even transcripts, is not as great as that of the contemporary David up against the Freudian Goliath.

Spence’s alarm about the flaws in psychoanalytic discourse needs to be taken seriously. But if we are to do so, I believe more energy needs to go into developing effective solutions to the problems of discourse he has identified than into adding to the long list of critical studies of Freud. It is my impression that many analytic clinicians these days attend primarily to process, to the affective here-and-now, in a way that has moved beyond the application of

<sup>2</sup> Spence, D. P. (1987): *The Freudian Metaphor: Toward Paradigm Change in Psychoanalysis*. New York/London: Norton. Reviewed in this *Quarterly*, 1989, 58:466-470.



metapsychology to interpretation. Reconstructions have become working models for discussing the here-and-now with the patient, and are viewed modestly, not as knowledge of a veridical past. Discussions of enactment, intersubjectivity, and countertransference are groping toward a new conceptualization of clinical experience. Spence alludes to the “clinical wisdom” of practicing analysts, but makes little effort to place it conceptually.

Not only psychoanalysis but the social sciences in general are under scrutiny for their “unscientific” failings. The study of narrative which Spence pioneered in our field (along with Schafer and others) is one effort to develop a new methodology and language.<sup>3</sup> In the present book Spence advocates publication of detailed transcripts including as much of the analyst’s private thoughts and feelings as possible. These would provide the basis for multiple interpretations by different readers. I am not sure this approach would be the solution to the difficulties Spence presents here, but it might be one way toward the reconceptualization of psychoanalytic experience he is advocating. The task is challenging; one hopes that incisive clinician-theorists like Donald Spence will pursue a variety of innovative approaches, inspired by Freud’s daring rather than inhibited by his doctrine.

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THE CASE OF SIGMUND FREUD. MEDICINE AND IDENTITY AT THE FIN DE SIÈCLE. By Sander L. Gilman. Baltimore/London: The Johns Hopkins University Press, 1993. 298 pp.

In this fascinating book, scholarship and interpretive skill are equally wedded to produce a rarity: an intellectual tour de force that is a page turner! Pedantry is avoided since the book is harnessed from start to finish to a compelling investigative argument: to be a Jewish physician in *fin de siècle* Germany must have placed Jewish scientists in general, but Freud in particular, in a conflict that was not only sociopolitical and psychological in its dimensions, but medical as well. *Fin de siècle* German medicine with its accumu-

<sup>3</sup> Almond, B. & Almond, R. (1996): *The Therapeutic Narrative: Fictional Relationships and the Process of Psychological Change*. Westport, CT: Praeger.

lation of centuries of prejudicial anti-Semitic hatred thinly disguised in diagnostic terminology must have been exasperating if not impossible for a Jewish doctor to swallow. "Jewish" and "diseased" were almost synonymous. What did self-respecting Jewish physicians do in the face of nosology that had to be learned as scientific fact but undoubtedly disavowed internally as a racist attack on the very fabric of self-esteem? Gilman argues that Sigmund Freud's creation of psychoanalysis can be seen in large part as a reaction to this racism which he defied with intellectual brilliance rather than being diminished or defined by it. While one does not like to see the majesty of Freud's achievement diminished in any way by intellectual reductionism of any kind, one is inclined to grant Gilman this poetic or genetic license, so compelling is his argument.

Gilman's thesis in a nutshell argues that Sigmund Freud struggled to find an intellectual way out of the extraordinary philosophical position that being a *Jew* and a *physician* in *fin de siècle* Germany placed him. Gilman examines the historical record with passion and acuity, making it unassailably clear that prejudice and science had joined hands in a pernicious covenant by the close of the nineteenth century. He describes many ideas which were rampant in the culture for centuries: the Jewish body is malformed from foot to nose and predisposed to a host of illnesses from the plague to hysteria; the Jewish soul has a peculiar stench; the Jewish libido has a tendency toward incest; the Jewish gaze is pathological, making unbiased observation impossible. He then shows how these ideas found their way into European medical journals and how the medical establishment was convinced that Jews were both diseased and perverted. "It is an interesting time to be a Jewish physician," says Gilman on the dust jacket of this remarkable book, his wry irony alerting the reader to the abysmal record of man's inhumanity to man that he is about to unfold, and to the remarkable story of one man's efforts to counteract it. It was an interesting time to be a *genius*, of course, an aspect of Freud's unique psyche insufficiently stressed perhaps as *The Case of Sigmund Freud* is presented and discussed.

Gilman cites many examples of how Freudian theory cleverly undermines prejudice masquerading as medical fact. Classical prejudice with characteristic self-serving zeal suggests that Jews are

circumcised and therefore castrated while Aryans are not. The Aryan attempt to disavow its own castration anxiety can call upon displacement and other defensive distortions which could be seen as comical if history were not such a deadly serious business indeed. Isn't the Aryan assertion that the Jewish foot is damaged or that Jewish males menstruate a displacement so desperate in its disavowal of personal psychic injury as to be tragicomic in its blind insistence?

The comic has its own defensive yearnings for relief in reader and reviewer alike, of course, and most of the litany of hatred in this book cannot be taken lightly. Take "the Jewish gaze" for instance, which was considered dangerous. The Germans believed the Jews possessed the evil eye, as S. Seligman has observed. But this projection of their own conflicted voyeurism was not confined to Germans alone. Charles Darwin believed that Jews had a "uniform appearance" independent of their geographic location. But it was Darwin's cousin, Francis Galton, who gets the prize for putting prejudice on a scientific pedestal and getting away with it! He believed that he had captured the "Jewish physiognomy" in his composite photography of "boys in Jews Free School, Bell Lane, London." Galton photographed a number of pupils in this school and used a form of multiple exposure to create an image of the "essence" of the Jew. In two papers given before the Anthropological Institute "on the race characteristics of the Jews," Galton stated his belief that the experiment had captured the "typical features of the modern Jewish face." That these composite images today reveal nothing other than the folly and prejudice of the experimenter should not blind us to Gilman's astonishing revelations of what passed for science only a hundred years ago.

Ironically, the last laugh, if one is capable of levity at all in this context, goes to Sigmund Freud, who used Galton's composite photographic techniques as an illustration of his own discovery of primary process condensations in composite images in dreams, totally ignoring the prejudicial import of Galton's ideas. Only a genius can steal an idea so cold-bloodedly and put it to such different use. As T. S. Eliot remarked, "minor poets borrow, great poets steal." In this context, prejudice can be viewed as essentially the product of a small mind, whereas genius has more important things to contend with and consequently a perceptual lens with a wider angle. A

genius is primarily more of his age than of his nation, to paraphrase Yeats slightly. A man of Freud's stature ceases to be Viennese and in Goethe's celebrated phrase becomes "a citizen of the world." Prejudice with all its small-minded obsessional narcissism of minor differences so well documented in *The Case of Sigmund Freud* can never take the measure of such a man.

Gilman's book, then, is required reading for anyone interested in the annals of prejudice and the origins of psychoanalysis. I think it should be read not as the last word on the genetic mysteries of Freud's creativity, but as a richly rehearsed text that, placed beside many others, illuminates the historical day residues of Freud's extraordinary intellectual achievement. Gilman forces us to ponder the schizophrenogenic, sociopolitical, and medical climate which might have outwitted a lesser mind than Freud's. He shows us how Freud prevailed against the forces of prejudice, forcing evil to look at its face in the mirror, pointing the finger no longer at the other but at the terrible beauty of each individual soul in all its instinctual complexity. Freud's vision has proven too difficult for humanity to integrate at large, hatred in all its projections and transformations showing no signs of becoming historically extinct, a thing of the past. Still, Freud's courage, decency, and intellectual rigor will always be a high point in the history of man's battle with hypocrisy and self-deception. Gilman has solidified our estimation of Freud as not only a psychoanalytic animal but a political one as well, and for this we are all in his debt.

EUGENE J. MAHON (NEW YORK)

THE MAN FREUD AND MONOTHEISM. By Moshe Ater. Jerusalem: The Magnes Press, 1992. 264 pp.

There are probably more biographies of Freud than of any other great thinker of the twentieth century. This book is more than another biography. The author explores the quality and quantity of Freud's European Jewishness, the question of belief in a Jewish God, and, finally, the importance of these convictions in the creation of psychoanalysis—"tentatively reconstructing the mental processes by which Freud turned his private confessions into a potent scientific instrument" (p. xiv).

At onset we have a fairly thorough review of the various biographies, including parts of Freud's autobiography as they appear in his writings. This work is an attempt to uncover and to analyze Freud's conflict—in Catholic, anti-Semitic Austria—over the pursuit of science and the need for religious conversion to obtain a university position or to remain a Jew without a belief in Jehovah.

The largest section, almost half the book, is Chapter 2, "Metapsychology." Ater follows a path through Freud's mind by examining his writings. He brings out the mystical attitude that persisted in Freud: his interest in the supernatural, the occult, telepathy, and spiritualism point to a religiosity which he repeatedly disclaimed. The author argues that Freud believed in a Jewish God, was uncomfortable with his love of a new God, Science, and presented himself to others as well as to himself as a Jewish atheist.

With his scientific interest and intellectual honesty, Freud recognized that to some degree he had symptoms very similar to his hysterical patients. His dreams approximated those of his patients. After the death of his father, he began a self-analysis, using the technique of association of ideas and affects which he found more successful than hypnosis in the treatment of his patients. He soon came to the oedipus complex, began his dream book, and increased his intellectual freedom by separating from Breuer, but this is only part of the history. He also joined B'nai B'rith, became the father of a scientific revolution that in some ways resembled a religion, moved from individual psychology to the study of humankind, and completed his life with *Moses and Monotheism*, a study of how Judaism evolved. The author's point is that Freud's sense of the uncanny led him to the unconscious.

Freud's disciples tried their best to present him as the objective scientist who courageously pursued the truth, no matter where it took him. This left many riddles about Freud's own neurotic problems, his relation with his religious, observing father, and the effect of his father's death upon him.

Chapter 3, "Archaic Heritage," traces Freud's thoughts and emotions as he moved through metaphysical concepts into social theories. The first discovery was the dynamic reality of the unconscious. Many years later, he came to the reality of moral inhibitions. Ater emphasizes the importance of symbols, particularly sound symbols—words, which permit the wordless id impulse to be repre-

sented in secondary process and expressed or repressed. "All repressions operate on memories, not on experiences" (p. 140). The affects remain in association to memories. Thus, words have a sense of magic because of the strength of associated affect. The godhead stands in the place of the early father through displacement.

The mystic quality led Freud to an interest in occult forces and Lamarckian concepts. Over time, nurture changes nature and contributes to Darwin's survival of the fittest. The power of his interest in the occult and Lamarck moved him toward human social development and the supernatural. Biographers have noted his eerie, morbid concern about his death and his interest in telepathy and ghosts. Ater notes, however, that his early disciples, such as Ernest Jones, tended to downplay this interest in order to foster the image of the purely rational, objective scientist.

The study of Freud's absorption with the mystic reminds this reviewer of the work of a refugee German philosopher, Ernst Cassirer, in his book, *Language and Myth*. The irrational precedes the rational and remains part of reason. Language reflects human beings' mythopoesis more than their rational tendencies. Therefore, reason is not the primitive endowment of humans but their achievement. The development of language, communication, and myth-making can add to either the ideas of religion or the ideas of science—often to both. As religion evolved, the most primitive were the momentary deities identified with the feelings of the eerie, with awe and fear projected onto a thing or place. In time, with social growth and organization, these transient deities became concretized and treated with ritual, ultimately becoming a fully abstract, nameless, faceless God whom we call Jehovah. The nature of the gods reflects the characteristics of the culture that created them.

In the final chapter, the author returns to the question, "Was Freud a believer?" In *Moses and Monotheism* he came to terms with himself as a Jew and repudiated his German indoctrination. This was a change of identity and strengthened his relationship to a Jewish heritage. In his last London writing, Freud began to stress the value of religion—"an emotive, irrational origin of ethics that provides it with grandeur and unequalled strength" (p. 208). "Ethical requirements may be ever more important than a belief in God" (p. 210). Ater seems convinced that at the end Freud believed in a Jewish God. He offers considerable proof of his early exposure



to Hebrew and Judaic studies, contrary to the Jones biography and Freud's own statements.

This book is well worth reading. It draws the reader on like a good detective story. The mystery of Freud—the other side of his scientific attitude—is carefully studied with logical continuity. Did he believe in a Jewish God? This still remains in the land of “perhaps.” Did he have a sense of the supernatural as Cassirer describes? That seems proven. A final interesting note is that Ater wrote this study at the end of his life. It was published posthumously. Like Freud's *Moses and Monotheism*, it was his last important work.

HOWARD H. SCHLOSSMAN (ENGLEWOOD, NJ)

FREUD AND HIS CRITICS. By Paul Robinson. Berkeley/Oxford: University of California Press, 1993. 281 pp.

This book reviews three major contemporary critics of Freud: Sulloway, Grünbaum, and Masson. In a cogent, clear, and easy to follow style Paul Robinson, a professor of intellectual history at Stanford University, explicates the main points of each, skewers their reasoning, scholarship, and motives, and finally demolishes their objectives in part by turning their arguments against them. Robinson's interest in writing this book arises in part from his conviction that all three fundamentally misrepresent Freud. Two, Masson and Sulloway, claim that Freud misrepresented himself and his data, with clear implications of moral weakness if not frank dishonesty. Grünbaum also intimates that Freud misrepresented his data, but his focus is on Freud's failings as a scientist, emphasizing the “Tally argument” and its shortcomings.

Robinson's aim is to understand from an intellectual historian's perspective this late twentieth-century turn against Freud, our hero and genius. He considers their critiques as a “neo-positivist” backlash against Freud's demonstration of the limits of man's awareness and control and as part of recent linguistic deconstructive trends in the intellectual and academic worlds. Not being knowledgeable in intellectual history makes it difficult for me to comment on these points.

My own response to this book markedly altered after I read



Frederick Crews's vicious attack on Freud published in the *New York Review of Books*, November 1993. I had initially found myself dubious about Robinson's methodology wherein arguments are selectively pulled from an author's writings which can then be used either to attack or to support a particular point of view. I felt myself protesting "not fair" when Robinson began to demonstrate the meagerness of Sulloway's evidence for Freud as a "crypto-biologist" who is heavily in debt to Darwin, the sexologists, and especially Fliess, and for Sulloway's depiction of Freud as self-promoter of the myth of the lonely hero. At the same time I had no desire to reassess Sulloway's *Freud, Biologist of the Mind* for myself, as I had not found it especially impressive or exciting despite its intriguing title. This finding of proofs for one's point of view, this riding of "personal hobbyhorses" (read Robinson's assault on *The Assault on the Truth: Freud's Suppression of the Seduction Theory* by Masson, who asks for it and gets it), annoyed me. Then I read Crews, who upset me but did get me to read the Dora case once again to substantiate my own sense of his arguments having been unfair, overdone, ultimately misleading, and vicious. I would also add inaccurate or untrue, but who am I to make such a statement? That would imply a veridical, not a hermeneutic conception of Freudian psychoanalytic history. I was not there, but then even if I had been—as I am in my consultation room with my patients—would I know the TRUTH if I heard it?

For example, a patient repetitively, convincingly to himself if not to me, returns to the painful recognition of his mother's rigidity and controllingness, and reluctantly speaks of his disappointment with his father's failure to fight back as the sources of his inhibitions, symptoms, and anxieties. Why am I not convinced? Countertransference? The stereotyped way it is represented? I am also reminded of another patient who reduced her parents to "stick-figures" without nuance, complexity, or humanness: parents as known by a child's mind distorted by drives, defenses, wishes. A case also comes to mind in which I probably missed the actual sexual abuse the patient had suffered at her father's hands; perhaps to some extent I was influenced by my oedipal inhibitions. How do we KNOW? Careful scholarship? Scientific appraisal? Selectively working through different possibilities? What is the *evidential basis* for our deductions, beliefs, theories?

That is what I think this book and Freud's critics, including Crews, are about. Freud's cures are not as good as we once thought; *ergo*, that permits Crews's attacks. Freud downplayed the role of seduction and abuse in childhood; *ergo*, Masson's attacks on his character and motives. Freud is clearly guilty of having meddled in the lives of his patients and students, of behavior far less than Olympian, certainly far from what he suggested and recommended to us, and definitely not admirable. Many of his ideas are seemingly not correct. Do his failings and errors force us to eradicate all his ideas? It makes our task harder. We have to investigate for ourselves, listen more thoughtfully, reflectively, not reflexively, to our patients, fall back less on dogma.

This is a good book, well written. I especially liked the section on Grünbaum's *Foundations of Psychoanalysis: A Philosophical Critique*, the explanation of his reasoning and perspectives. I understood Grünbaum much better. Of course, that is if Robinson's reading is accurate, comprehensive, and fair. I do not question his scholarship, but he has his points to make as well. (A letter from Grünbaum complaining about Robinson's critique in the July 1994 *New York Review of Books* certainly adds to my uncertainty.) Yet nothing he writes seems overdone, pushed; it is judicious, thoughtful, easy to take. He must be a good teacher because these are excellent explications of these critics. Certainly, it is a book that would be interesting and enjoyable for psychoanalysts to read. Whom will it convince, though, other than the convinced? I think it is an advance in scholarship, especially on Grünbaum, and it certainly is worth reading for those interested in Freudian scholarship and history; also, I think, from the perspective of the analyst analyzing the analyst.

I am not suggesting that knowledge is only relativistic or solipsistic, but when one spends a lot of time working with patients, the biases, prejudices, and distortions with which we all operate become obvious. Maybe one of our problems with Freud is that he had limits to what he could know. He was the founder of a point of view, but not the last word on it.

ROBERT M. CHALFIN (NEW YORK)

RELATIONAL PERSPECTIVES IN PSYCHOANALYSIS. Edited by Neil J. Skolnick and Susan C. Warshaw. Hillsdale, NJ/London: The Analytic Press, 1992. 363 pp.

This book contains a thoughtful and rich collection of papers primarily growing out of the work of the New York Post-Doctoral Program in Psychotherapy and Psychoanalysis. As indicated by the book's title, all the papers are linked by their focus on the *relational* component intrinsic to human development, psychic functioning, psychopathology, and the therapeutic enterprise. The individual contributions are diverse and the selection is broad enough to encompass such topics as linguistics, the Isakower phenomenon, infant research, and the financial arrangements in the treatment situation. In all the papers there is a well-defined, explicit theme about the centrality of the relational component in theoretical and clinical issues. The repetition of this theme is not "overkill" but rather a unifying perspective that is enriched by the diversity of the contributions. In a sense the book is a study that "builds its case" by using the relational perspective to examine multiple aspects of psychic functioning.

As one might expect, wending its way along the route of this study is the query—sometimes explicitly stated, at other times implied—of how this relational perspective pertains to the more biologically based drive/defense/conflict/ego-psychological formulations associated with "classical" Freudian psychoanalytic thinking. Some of the contributors suggest that the relational perspective is a serious challenge to Freud's energetic and intrapsychic concepts and is a perspective which has already or will soon supplant many of Freud's basic propositions. For instance, Fosshage in his introduction states, "This shift from an intrapsychic to a field perspective can be likened to the Copernican revolution, in that the individual, like planet earth, does not exist alone but can be understood only in relation to the 'gravitational forces' of the universe at large" (p. 21).

More commonly, the contributors see the relational perspective as complementing and enriching classical formulations. The interplay of interactional (relational) motivational factors and endogenously generated forces is emphasized, for example, in Doris Silverman's discussion of attachment research. She states:

Whereas attachment schemes can only evolve out of interactions, sensual-sexual and aggressive fantasy schemas while usually influenced by social interactions can also be shaped by endogenously generated sexual and aggressive motives. . . . I am describing systems representing different motives. One may be more prominent than the other, or there may be shifting motivational states, or both may exist simultaneously with relatively equal weight for any individual or at any point in time. . . . I am suggesting various shadings from primarily internal stimulation to mainly external-interactional contributions to fantasy . . . (p. 197).

And finally one author, Steven Reisner, in a paper entitled "Eros Reclaimed: Recovering Freud's Relational Theory," attempts in a scholarly fashion to document the relational perspective which he contends is intrinsic to Freud's basic formulations. He suggests that it was some of Freud's followers, notably Fenichel, who tried to be "more Freudian than Freud," and who, in their interpretations of Freud, reflected an ongoing concern that psychoanalysis would become an interpersonal study of the human being that dealt primarily with manifest content and conscious interactions. In Reisner's view, this concern led these zealots to emphasize and exaggerate the intrapsychic and biological aspects of human psychological functioning.

I shall not review the individual papers, except to note that they are uniformly fine presentations—rich in content, well written, of high quality, and thought provoking. Roughly, the contributions are clustered into those that highlight the historical development of the relational perspective, papers that concentrate on infant research and early infant-mother interaction, and papers that focus on clinical matters as they are understood in a relational frame of reference. Readers who are well informed and comfortable with the relational perspective, will find the book an interesting "pulling-together" and review. For clinicians who are not as conversant with this perspective, new ideas and alternative formulations will be generated.

The Foreword by Emanuel Ghent and the Introduction written by the editors, Skolnick and Warshaw, do more than merely set the stage for the subsequent papers. They are in themselves important contributions. In addition to presenting an overview of the diverse papers, they underscore the major themes and suggest some of the ambiguities that will unfold in this volume.

For instance, in Ghent's Foreword, one quickly becomes aware of the interplay/struggle between a one-person psychology (emphasizing biological imperatives, intrapsychic conflict) and a two-person psychology (emphasizing the relational perspective). Ghent asks the question "How does one recognize a relational psychoanalyst?" He then states:

[Relational analysts] share a broad outlook in which human relations . . . play a superordinate role in the genesis of character and of psychopathology, as well as in the practice of psychoanalytic therapeutics.

Relational theorists have in common an interest in the intrapsychic as well as the interpersonal, but the intrapsychic is seen as constituted largely by the internalization of interpersonal experience mediated by the constraints imposed by biologically organized templates and delimiters. Relational theorists tend also to share a view in which both reality and fantasy, both outer world and inner world, both the interpersonal and the intrapsychic, play immensely important and interactive roles in human life. Relational theorists do not substitute a naive environmentalism for drive theory. Due weight is given to what the individual brings to the interaction: temperament, bodily events, physiological responsivity, distinctive patterns of regulation, and sensitivity. Unlike earlier critics of drive theory, relational theorists do not minimize the importance of the body or of sexuality in human development. . . . For me the intrapsychic is not in opposition to the interpersonal but is complementary to, and in constant flux, with it. Substitute the word *template*, qualify it by adding that templates are in large measure created out of human experience and in turn play a major role in contributing to and controlling human experience; include the notion that the psychological expression of these dynamic templates is what we call *fantasy* and the activities of an inner world; then we have no further need for the term intrapsychic—except that it is a convenient way of referring to internal psychic patterning (or "structure") as against the interpersonal (pp. xviii-xix).

I quote this statement at some length since it reflects the ongoing efforts of clinicians and theoreticians to clearly articulate the relationship between the intrapsychic and the interpersonal, between a one-person psychology and a two-person psychology. A dialectical tension is evident throughout this book and effectively opens the door to further speculation and study.

In the Introduction, the editors make the statement that "clinicians and theoreticians writing from a relational point of view are presenting a serious challenge to more traditional metapsychology . . . it is our contention that a shift to a broad-based focus on relational concerns is emblematic of a momentous shift in the center of gravity in psychoanalytic theory and practice" (p. xxix). The editors' statement has the quality of throwing down the gauntlet to the

more “classically” trained analysts; but while the relational issues highlighted in this collection are stimulating and refreshing, they do not seem so startling and heretical as the editors suggest. Most of what is discussed in the volume has become in the past decade very much part of the thinking, practice, and clinical theory of contemporary psychoanalysts, whatever their analytic style or the analytic “school” they support.

For instance, in a paper entitled “Money Matters in Psychoanalysis,” written by Lewis Aron and Irwin Hirsch, the authors underscore the relational issues involved in negotiating and collecting analytic fees. They note, “The classical psychoanalytic literature examines money as a symbol focusing on the sexual and especially the anal erotic significance of money and on the unconscious equation of money, gifts, feces, baby, and penis. . . . However, the classical literature has neglected the interpersonal meaning of money within the analytic bipersonal field” (p. 239). The authors then go on to discuss money matters in more contemporary relational terms: how the payment of fees enters into transference and countertransference issues as well as the realities of the analyst’s greed and economic dependency on his or her patient. I do not think that there are many analysts today who would find these thoughts new or surprising. Whereas the failure of a patient to pay fees in a timely fashion may well represent and at some point be interpreted in terms of anal retentive conflicts, etc., I find it hard to believe that any thoughtful analyst practicing in this decade, would not be aware of and comment on the variety of transference-countertransference issues involved in this behavior.

Thus, in contrast to the editors’ claim that the relational perspective has produced a “momentous shift in the center of gravity in psychoanalytic theory and practice,” I think the relational focus is very much a part of contemporary clinical theory and practice. Perhaps the shift the editors refer to is more in the form of an evolutionary change during the past twenty years rather than the momentous alteration in thinking that they seem to be suggesting.

This book contains many rich and stimulating papers. It presents a well-articulated viewpoint, and the papers are uniformly first class. I highly recommend it for the experienced clinician as well as for the novice.

NEWELL FISCHER (PHILADELPHIA)



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AFFIRMATIVE DYNAMIC PSYCHOTHERAPY WITH GAY MEN. Edited by Carlton Cornett. Northvale, NJ/London: Jason Aronson Inc., 1994. 240 pp.

The nine chapters in this book are primarily in the realm of psychoanalytically oriented psychotherapy, not psychoanalysis per se. Five were previously published as clinical papers, and four are new. The republished material has been well selected and includes contributions of Alan K. Malyon and Richard Isay which have been particularly influential.

In 1982, Alan Malyon pointed out that biased socialization leads to negative influences on psychological development via mechanisms of pathological internalization. From the psychoanalytic perspective, the term "internalized homophobia" he used to describe the internalization process was not felicitous. "Homophobia," a word coined by Weinberg in the late 1960's, has itself been criticized since antihomosexual attitudes are only sometimes primarily attributable to unconscious conflicts; and even when they are, they do not usually lead to responses that are phobic in the technical sense of the term. Linking the concept of internalization with homophobia compounds confusion from a psychoanalyst's perspective. This regrettable terminology has acquired meaning through usage, however, and is presently widely accepted by clinicians treating gay and lesbian patients. Despite these reservations, the major concept that "internalized homophobia" refers to is valid. Indeed, the prejudicial antihomosexual social environment has been so virulent in so many countries during the past fifty or more years that underattention to its pathological consequences in the traditional psychoanalytic literature is itself worthy of scholarly scrutiny.

Almost ten years ago Richard Isay "came out of the closet" at considerable personal risk and remains the only senior member of the American Psychoanalytic Association who is openly gay. Isay is a member of two worlds which have been only tenuously bridged; the gay subculture and the world of organized psychoanalysis. Many psychoanalysts have realized that Isay's clinical views might well be uniquely informed on the basis of his own introspections and clinical experience. Thoughtful members of the heterosexual psychoanalytic majority have acknowledged that, like psychoanalytic publications on women, many previous psychoanalytic discus-



sions of homosexual psychology may be outdated and/or biased or only partially accurate or otherwise limited.

Two of Isay's important papers are reprinted in this volume, both originally published in *The Psychoanalytic Study of the Child*: "On the Analytic Therapy of Homosexual Men" in 1985 and "The Homosexual Analyst: Clinical Considerations" in 1991. Many of the ideas discussed in these articles apply to lesbians as well as to gay men, although Isay's experience has been predominately with men. The organized psychoanalytic community has yet to have a woman analyst who speaks for the lesbian perspective, although the literature on psychodynamically oriented psychotherapy with lesbians is continually expanding.

New material in *Affirmative Dynamic Psychotherapy with Gay Men* includes chapters on self psychology and on resistance by Carlton Cornett, a chapter on gay men with HIV by Ross Hudson and Carlton Cornett, and a chapter on the heterosexual analyst and the gay male patient by James L. Nash. Nash's presentation of the treatment of a homophobic homosexual patient adds a much needed dimension to the clinical literature. The chapters by Cornett and by Cornett and Hudson are also interesting and informative.

The question arises as to why a book whose focus is more psychotherapeutic than psychoanalytic should be of interest to the analytic community. The answers are to be found in the history of psychoanalytic thought about gay and lesbian patients, and the history of gay and lesbian patients' attitudes toward organized psychoanalysis.

Until the mid-1980's most psychoanalysts probably endorsed the views about homosexuality expressed in the mainstream psychoanalytic literature. Perhaps the American psychoanalyst whose name has been most associated with these views is Charles Socarides, whose major clinical contributions were made predominantly in the 1960's. Today, most psychoanalysts probably believe that it is erroneous to extend these ideas derived from work with patients to all gay and lesbian people.

Many gay and lesbian patients and therapists, however, believe that psychoanalysis has not changed with the times. Their views are not entirely without merit. For example, the treatment of gay and

lesbian patients who are neurotic but not borderline or severely narcissistic has tended to be underreported in traditional psychoanalytic journals. The psychotherapy literature describing the treatment of such patients is often not read by psychoanalysts. Moreover, some psychoanalysts certainly continue to believe that the older models of homosexuality were, in fact, correct. For them, the manifestations of homosexual orientation are symptoms which mandate interpretation.

For these reasons, many gay and lesbian patients avoid psychoanalytically trained clinicians. They fear that even well-intended, traditional, heterosexual psychoanalysts may be underinformed about homosexuality, or biased, and likely to have countertransference difficulties that lead to treatment complications. They often believe that there is greater likelihood of being helped and less of being hurt by clinicians who are gay or lesbian, whether psychoanalytically trained or not.

A different set of problems arises for psychotherapists who are psychoanalytically oriented but may not have studied psychoanalytic psychology as extensively as those who have been formally psychoanalytically trained. Psychoanalytic ideas which are only partially understood, for example, may lead well-intended clinicians astray. This type of problem is revealed at times in some of the articles in this book. Discussions of mechanisms of internalization and of the relationship between psychodynamics and psychopathology are on occasion less psychoanalytically sophisticated than they might be. These limitations are the exception rather than the rule, however.

In the service of healing potentially destructive schisms, it behooves psychoanalysts to become better informed about the gay and lesbian subculture in general and the subculture of patients and therapists in particular. This is one reason for reading *Affirmative Dynamic Psychotherapy with Gay Men*. More important, this book conveys a thoughtful and informative clinical perspective about an important group of patients and stands on its own as a contribution to the clinical literature.

RICHARD C. FRIEDMAN (NEW YORK)

SEXUALITIES AND HOMOSEXUALITIES. By Jaime P. Stubrin. Translated by Eduardo Reneboldi. Foreword by Joyce McDougall. London: Karnac Books, 1994. 157 pp.

Stubrin, an Argentinean psychoanalyst, has written a brief book (142 pages of text) divided into two main sections, "Neosexualities" and "Homosexualities." Brief though it is, the work contains vivid and interesting clinical vignettes and literary excerpts. Among the latter, there is a particularly fine discussion of the novel, *Crash* (pp. 47, ff.). The clinical and literary material is the strength of the book.

In terms of problems, there are a few involving idiomatic usage in the translation from the Spanish: for example, the use of "principes" where "principal" is meant (p. 26). There is also some stylistic awkwardness manifested in an occasional sentence and in the form of staccato paragraphs.

An even less auspicious characteristic is presaged in Joyce McDougall's observation that Stubrin asks two questions: whether everything has been said about sex and sexual deviations and whether psychoanalysts claim to know everything. It sounds like a straw man, and it is, since Stubrin actually "hopes to arouse doubts and . . . question established and stereotypic psychoanalytic concepts . . ." (p. xi). McDougall comments that "Stubrin's work exemplifies the dictum that it is more important to formulate questions than to produce answers" (p. xi), but this perhaps admirable sentiment serves here as a launching pad for attacks on another straw man, judgmental attitudes in psychoanalysis. While it is possible that psychoanalysts are rigid, conforming, and unduly self-satisfied, it can at least be argued that psychoanalysts know a great deal, albeit knowledge requiring reformulation and synthesis. In other words, debunking stereotyped, outdated attitudes may not be as high a calling as providing new answers.

While I believe Stubrin strives to provide new syntheses, there is an unfortunate tendency to establish catechisms. For example, he asserts, "We should ask ourselves . . . how homosexuals can maintain their psychic health in spite of the persecution, discrimination, and abuse that they suffer" (pp. 138-139). He responds, as follows, in three one-or-two-sentence, staccato paragraphs: (1) "We shall lose our position as analysts if we believe that we own truth and

health.” (2) “No one has the right to change another person . . . without that person’s consent. Besides there are changes that can never take place.” (3) “Psychoanalysis itself is an impossible task, and it becomes even more impossible when the goal is utopian” (p. 139). One could agree that psychoanalysts should not lay special claim to truth and health; but our work is based upon informed consent and collaboration, and although psychoanalysis is difficult and far from utopian, it is hard to understand the relationship of such admonitions to the homosexual maintenance of health in a socially discriminative culture. Stubrin may be politically correct, but it is not clear that psychoanalytic understanding is advanced.

Whatever problems an individual reader may have with a tone of political correctness, American readers as a group may have broader conceptual problems. For example, Stubrin claims that by contrast to homosexuality, hysterical and obsessional conditions are “cured” through psychoanalysis. As far as I know, neither hysteria nor obsessional disorders are ever cured in the usual sense of the word. Like problems in sexual functioning, they may be subject to increased understanding and to modification, and patients may be made more comfortable.

On a different note, and to his credit, Stubrin emphasizes the causative influence of anxiety in the most disturbed forms of neosexual behavior, both heterosexual and homosexual. For example, he comments that in both neosexual and non-neosexual homosexuals the level for anxiety establishes the behavior (pp. 132, ff.): “The more anxiety the person experiences, the more exposed he will be to compulsive [and self-destructive] sexual behavior” (p. 133). Etiologically, severe anxiety is linked to the “primary symbiotic relationship with an engulfing mother” and to “social anxiety caused by the state of being different and belonging to a minority . . .” (p. 133). For the author, however, the fundamental source of such destructive anxiety is the death drive. Early in the book he comments that “there are several kinds of neosexualities with varying links to death drives where the physical integrity both of the person and of others is jeopardized . . .” (p. 9). Later he suggests, “It is, indeed, clear that we do not live: we ‘are lived’ by others that are inside us. If they are filled with Thanatos anxiety, they will lead us toward the real death” (p. 134). In other words, although anxiety is the factor which drives disturbed, neosexual behavior, it is un-

derstood within drive and primitive object relations models with no discussion of psychic structure, conflict, or compromise formation. Although those inclined toward self psychology might anticipate that the concept of narcissism would be found helpful, Stubrin also dismisses its explanatory value: "What I do assert is that the theory of narcissism neither defines nor clarifies the problem" (p. 14).

While I found much that was compatible with clinical experience in Stubrin's observations, the book as a whole was somewhat disappointing. It would be hard to disagree that psychoanalysts must be neutral toward their patients' sexuality, modest in their claims of efficacy, and humble in the face of so much to learn, but it is difficult to stop there. For those who might hope for significant new syntheses and integrations, I believe this work will fall short.

JON K. MEYER (MILWAUKEE, WI)

THE BABEL OF THE UNCONSCIOUS. MOTHER TONGUE AND FOREIGN LANGUAGES IN THE PSYCHOANALYTIC DIMENSION. By Jacqueline Amati-Mehler, M.D., Simona Argentieri, M.D. and Jorge Canestri, M.D. Translated by Jill Whitelaw-Cucco. Madison, CT: International Universities Press, 1993. 322 pp.

This book changes the meaning of the word, language, in psychoanalysis. "Language" as a generic singular entity does not exist as an identifiable psychoanalytic reality. What exists is the exquisitely particular language of the individual in the rich complexity of a polyphony of voices, a plurality of discourses, and a reversible stratification of developmental meanings. How do the authors arrive at this original and path-breaking conclusion? Perhaps the greatest merit of this fascinating book is that their investigation originated in clinical observations that called for theoretical explanations. Their observations centered on patients who spoke more than one language (multilinguals) from early infancy (polylinguals) or who were fluent in languages they had learned later in life (polyglots). The language in which these patients chose to carry out their analyses appeared, at first, either an indifferent matter or a technical problem. After years of clinical experience, the authors concluded that "what had originally seemed to be a specific and circumscribed technical problem, subsequently revealed itself with all its profound ramifications" because "the way in which languages are used plays

a crucial role in the therapeutic situation, through the conscious or unconscious choices that are made between the various languages that are spoken, dreamed in, or silenced,” indicating that “the problems connected with the alternation of languages are of fundamental importance to the structuring of the subject” (p. 2).

The reader may believe that such conclusions do not apply to the large number of people who are monolingual and would never care to learn a foreign language. Such presumption is misleading because of the complexity of the structuring of language in the course of development and in social reality. In the Introduction Tullio de Mauro, Professor of Language at the University of Rome, demonstrates how, at the social level, there is not such a thing as a monolingual country: “Each country speaks not only one ‘(in)different’ language, but several.” It is easy to confirm “the copresence of heterogeneous native languages and of a large number of polylingual natives in all countries” (p. xxiv). This social polylingualism infiltrates the “official” language and finds its way to the mind of the “monolingual.” At the psychic level, the monolingual subject resignifies words in the course of development, creating a diachrony of meanings, available either for developmental progression or experimental regression. In other words, each term is capable of carrying several private meanings according to its location in the structuralization of the subject. Absolute monolingualism with the possibility of immediately shared meanings does not exist. This is the myth of Babel: once upon a time there was *one* language and we understood each other. The truth is that Babel, with its polyphony of meanings, prevails in society and psychic life. The analyst is therefore warned by the authors: “It is a mistake to think that having a language in common exempts the analyst from listening in the same way he is advised to do when more than one language is involved” (p. 232).

But, how is the analyst to listen to the patient, now described, even if monolingual, as speaking several languages or dialects from different corners of her or his mouth? There are no prescriptions, no recipes that apply universally to the exquisitely particular task of analytic listening. The analyst, however, may be alerted through subtle clues about meaning, slips of the tongue, or conflation of sound to the presence of more than one language in a word or sentence. The analyst may find in them the first opening to a long



ago repressed language, or fragments of language slipping noticed or unnoticed into a stream of free association. He or she may find the defenses at work by dividing: splitting aspects of the personality, of past experiences, of attachments to primary objects into sectors linked to languages pertaining to them. Best examples involve avoiding the mother tongue as an extreme measure to escape the mother herself, to separate, to resist identification, or to be able to find other ways of becoming a woman. The unconscious may reveal traumatic events in dreams and words through the conflated mediation of image and sound in different languages as it happened in the case of the Wolf Man. The analyst who is not prepared to hear more than one language in apparently simple words may miss the depth of the patient's communication, particularly of that which is forbidden and cannot be mentioned undisguisedly.

The authors document their assertions with elegant clinical examples, such as the man who could neither speak his mother's tongue nor visit his country of origin. Unconsciously, he knew where true psychic life was for him when he said to the analyst: "I do not live in any language anymore . . . my mind no longer lives in my body. . . . I feel estranged and completely lost" (pp. 130-131). Finally, one day in the middle of an association, he inadvertently said a word (*razbiti*, meaning "breach") in his mother tongue. That critical first moment helped him organize his understanding about the trauma of the breach of closeness with his mother when he was twelve.

Each of these clinical examples is an eye opener. They provide concrete illustrations of complex and subtle meanings about object relations, conflicts, defenses, desires, fears, modes of veiling and unveiling conveyed by the use of languages by multilinguals and monolinguals alike. The psychoanalytic clinician can find in them much to reflect on about his or her mode of listening to the patient's language in sound and content.

The authors complement their clinical examples with fascinating documents written by great contemporary writers such as Beckett, Nabokov, Canetti, and others, describing the vicissitudes of their experiences in life and in writing in different languages.

The book also has much to offer to the psychoanalytic theoretician of language. The authors have been careful and thorough in the review of the literature in related fields connecting the use of



language in psychoanalysis to the many disciplines that study language as a function and as a social reality. They discuss the connections between language and the preverbal/nonverbal, language and development, language and memory and repression, language and perception of reality, language and the possibility or impossibility of translation, etc. They pay particular attention to the Russian scholar, Michail Michailovich Bakhtin, and his image of the human person as "that of a heterogeneous being who only exists in the actual or presumed dialogue (but inevitably included in his own self) with the other" (pp. 276-277). For Bakhtin, "Each discourse is directed toward a reply, and anticipates a discourse-reply; each discourse is formed in the atmosphere of the already said" (p. 280). The authors, focusing on their analytic experience of subjective dialogues, believe that Bakhtin's conceptualization is close to their own "and finds easy confirmation in the discursive practice of psychoanalysis" (p. 282). In analysis, they conclude, "The Other in the transference is at the origins of the analytic discourse to the extent that it is inherent at the unconscious level" (*ibid.*).

The historian of psychoanalysis can find in this book the almost ignored reality that at the beginning of psychoanalysis, in the Vienna of Freud, "polylingualism and polyglottism were more or less the order of the day" (p. 19). Freud's first followers were multilingual and multicultured, and many had their analysis in a language that was not their mother tongue and analyzed many others in different languages. Freud himself, under the economic pressure of the war, had to take several English-speaking patients who could pay "in effective notes," dollars and pounds, to help him "make the two ends meet" (p. 26). The task was difficult and "strenuous" for him. He took lessons and obsessed about his mastery of English. "He wrote to his nephew in July 1921, 'but I will never learn their [Englishers'] d- - -d language correctly' " (p. 27). The implications and consequences of this multilingual foundation of psychoanalysis is yet to be explored.

The migration of European analysts to North America and England placed them in the situation of having to deal with a new language in their lives and practice. Some among them observed the effects of learning a new language. Erwin Stengel, a German emigrant to England, noticed the "great difference between the ways in which an adult and a child learn to speak" (p. 46). Edith

Buxbaum wrote in 1949 about "The Role of a Second Language in the Formation of the Ego and Superego."

The migration of analysts and of patients continues to the present day as the result of political pressures or personal circumstances, with the result that in the present day many analyses in many countries are conducted by analysts who do not use their mother tongue in analyzing, or who analyze in their mother tongue patients who speak other languages. This obvious fact has not been recognized as a significant factor in the technique and theory of analytic work up to the writing of this book.

The pioneering path opened by *The Babel of the Unconscious* is broad, and rich in almost endless ramifications. It is a masterful beginning calling for years of investigation to deepen its insights and to follow through the many theoretical questions opened by its systematic inquiry.

Written in a clear and direct style, the book takes the reader through a delightful exploration of the world of multilingual individuals and the questions they pose for the analysis of *any* patient regardless of how many languages they speak. This book should be obligatory reading for clinicians the world over.

ANA-MARÍA RIZZUTO (BROOKLINE, MA)

HOW PSYCHIATRISTS LOOK AT AGING, VOLUME 2. Edited by George H. Pollock, M.D., Ph.D. Madison, CT: International Universities Press, Inc., 1994. 272 pp.

The contributions in this book are even richer than those in the earlier volume. One difficulty, however, is that all of the contributors are men; hence an element of balance is missing. A number of observations recur throughout the collection, such as the importance of the issue of death, the treatability of older patients, and the effects of one's culture on attitudes toward old age. Diminished self-esteem is an issue raised often by the authors.

Louis Gottschalk, in his chapter, "On Aging," notes that he believes his cognitive functioning and energy are much the same as earlier in his life, but he observes that his capacity for denial borders on the psychopathological. When he breaks through his denial, he recognizes the transient nature of his existence. He notes

how we all experience signs of aging, with earlier insults to the organism affecting how we cope with each subsequent stage of life. In an especially poignant coda to his paper, he describes how the suicide of his daughter affected his view of life and of aging.

Alex Kaplan's contribution, "Experiencing Aging: Separation and Loss," uses a biopsychosocial approach. The death of his mother when he was nine made experiences of separation, loss, and death especially painful for him the rest of his life. His feeling of imperviousness to death was shattered by the recurrence of his prostate cancer. In his view, the basic psychological problem of aging is learning how to be dependent without losing your autonomy and sense of self. This particular sentiment is one which is frequently verbalized by older patients with whom I work.

Paul Adams, in "Oldness Demystified," associates feeling old with a sense of detachment and a wish to no longer work in structured organizations. In his words, he has become "utopical," by which he means intent on changing social and societal customs and institutions. Like a number of authors in this volume, he comments in a somewhat detached manner on the diminution in his sexual drive though not in his sexual delight.

Stuart Finch, in "The Aging Psychiatrist," sees grandparenthood as a signpost on the aging track and notes the impact of religion, long-term marriage, and a sense of humor on aging. (Religion seems quite important to some of the contributors to this volume but not to others.) Finch also underscores the transference-countertransference issues between younger psychiatrists and older patients, and the reverse. Although this has been noted before, it is worth repeating.

In "Senior Patients, Senior Psychiatrists, and Senior Politicians," C. Knight Aldrich confronts his own memory loss—what he calls benign senescent forgetfulness—and observes how this keeps him from doing hospital and emergency room work, though he still does psychotherapy. He acknowledges forgetting details with patients in psychotherapy, but he hopes his considerable experience balances this out. He recognizes the tendency of many patients to protect their therapists from narcissistic wounds in this area by encouraging them to go on working past the time when they should quit. The important issue of when analysts should stop doing anal-

ysis is discussed by a number of authors. It is a most valuable part of this volume. In "Reflections on Aging," Robert Lippert notes how the aging and death of older colleagues attuned him to the importance of planning for the vicissitudes of aging. Reducing workload leads to a mourning reaction, and he underscores the importance of empathy in working with older patients.

Klaus Hoppe's "My Four Lives" traces his journey from Nazi Germany to America, as well as the resurgence of his religious life after his second marriage. This led to a sense of "cosmic empathy" as he aged. Martin Grotjahn's "A Psychoanalyst's Thoughts on the Start of his 86th Year of Life" describes the difficulty he had trying to come to terms with his impending death after a heart attack made him give up his practice. He gleaned strength from his son's visits, his self-analysis, and the writings of Winnicott, which emphasized self-awareness rather than symptom relief.

Stephen Fleck, in "Aging," emphasizes the deterioration of ethics in our society; Samuel Eisenstein, in "The Aging of Therapists," notes how work with older patients leads the analyst to focus on his/her own problems about aging and death. He does not feel that older analysts in good mental and physical health should bar themselves from undertaking analyses with younger patients, although he realizes that the older analyst must be aware of envy of the young. In "An Analyst Grows Older," Jarl Dryud expresses the feeling that it is harder to be happy when one grows older, as one accumulates disappointments and has more time to think about them.

Nathan Segel's "A Personal View of the Age and Aging of a Psychoanalyst" offers an interesting comparison between the fear of death in the aged and the situation that produces a traumatic neurosis. In both, we feel overwhelmed by forces beyond our power to control, and we see ourselves as abandoned by our parents. Both are seen as being punishments for imagined crimes that generate feelings of guilt. Segel started telling prospective analysands his age when he reached sixty-five and stopped taking on new analysands at sixty-eight. He suggests that all institutes encourage study groups on the issue of the aging analyst, an idea with which I concur.

Earl Simburg's paper, "A Psychiatrist Looks at His Own Aging,"

discusses how highly motivated for change his older patients are. Again, I concur with this idea. He, too, mentions his increased sense of empathy with others. He has also become increasingly conscious of the patient's response to the real persona of the analyst.

In "The Joys and Sorrows of Aging," Roy Whitman observes that his siblings take on increased importance as he ages. Stanley Cath, in "Some Autobiographical Notes by a Psychogeriatrician in 'That Time of Year,'" traces the influence of a host of literary and other great men on his life. He too has moved more toward the ideas espoused by the self psychologists when he mentions his deep commitment to accepting his older patients' versions of their inner reality and bodily states. This emphasis on empathy is perhaps one of the most interesting themes that run throughout the articles. Is it simply a function of the aging analyst's need to connect more intensely with patients in order to feel alive and vital, or is it an observation we should all take to heart in our work with patients at all ages? I leave this for the reader to decide.

In Mortimer Ostow's chapter, "September Song," he views the progressive sense of curtailment of the future as the most salient source of psychic distress in old age. He, too, notes the envy of the old for the young, and he comments on a strong propensity to dream of journeys in various vehicles, which suggests to him the theme of rebirth through reunion with the mother. For him, as for a number of authors in this book the area most acutely affected in old age is that of self-esteem.

Peter Hartocollis's "My Mother's Last Smile" connects his mother's seeming smile of recognition in the midst of her Alzheimer's disease, with that of the woman he married. In the final chapter, "The Gradual Transition to a Full and Active Retirement," Haskell Norman notes how he became a bibliophile, an oenophile, and a gourmet in later life, and how these activities have enriched his life.

In this brief review, I have barely touched on the richness of the articles in this very personal collection of essays by aging analysts. Life, death, God, self-esteem, and despair are given their brief moments on the stage, yet they linger on after the reader puts the book down. This is no mean achievement.

WAYNE A. MYERS (NEW YORK)

THE VULNERABLE CHILD, VOLUME 1. Edited by Theodore B. Cohen, M.D., M. Hossein Etezady, M.D. and Bernard L. Pacella, M.D. Madison, CT: International Universities Press, Inc., 1993. 275 PP.

The Vulnerable Child Discussion Group, skillfully conducted by Theodore B. Cohen, has been a highlight of the meetings of the American Psychoanalytic Association for over twenty years. Always stimulating and at the forefront of child psychoanalysis, this workshop has informed us on developmental, clinical, and theoretical issues. It has been my privilege to be present since it originated in the Committee of Social Issues in 1972 under Robert Dorn's leadership. The first chair was Eleanor Pavenstedt. Vulnerability has been addressed in its broadest sense to include the influence of poverty, discrimination, violence, abuse, and mental and physical illness on the internal psychic structure of the child.

While the group has grown over the years, the format of three presentations per meeting followed by a designated discussant has been strictly adhered to. M. Hossein Etezady's comprehensive recorded minutes are distributed upon request to those who attend.<sup>1</sup>

The selection for publication in this book from the large number of presentations must have been a daunting task. A preface by Daniel Jacobs is followed by two introductory statements by Ted Cohen. One, aptly titled "Children and the Mean-Spirited Times in Which They Live," details the extent of today's areas of vulnerability.

In her opening chapter, "The Concepts of Attachment and Bonding," Sylvia Brody sets a standard of excellence with an impressive review of the literature. Her trenchant criticism of Bowlby contrasts his view with object relations and drive theory. On the basis of his Kleinian orientation, Bowlby considers psychoanalysts prisoners of Freudian theories of orality and narcissism. I, however, feel that it is incumbent upon us to look at the research and clinical contributions reported here and to re-examine this area of psychoanalytic theory.

"A Developmental Line for Narcissism: The Path to Self Love and Object Love" by Margaret Stewart Temeles presents the results

<sup>1</sup> They appear regularly in the Bulletin of the Southern California Psychoanalytic Institute and Society.



of the work of a Philadelphia child psychoanalysis study group. Four clinical contributions focus on the effects of loss of a child's primary objects of attachment. Henry Seidenberg of the Chicago research project on this topic demonstrates how interruption of mourning predisposes to impairment of reality testing, depression, and ultimately even suicide. Peter B. Neubauer gives an account of the analysis of a man, fatherless since age twelve, that illustrates the consequent struggle over masculine assertion, fear of success, and rivalry with a younger brother. M. Hossein Etezady describes the impact of parental divorce on a six-year-old boy. This finely crafted exposition illustrates how the child in the transference plays out his anger at his father for deserting him. The analyst's empathy with the intense longing for the missing parent helps avoid intellectualization. Stanley H. Cath sensitively deals with divorce in general: how it may result in estrangement from or idealization of the father and the difficult role of the mother as gatekeeper. He describes in detail the use of a "father question hour" to work through the loss. The child's desire to be mother's consort conflicts with his wish to have and pick his "own daddy."

Two papers deal with the importance of activity to normal ego development. Judith S. Kestenberg, et al., present a Movement Profile Study closely viewing mother-child attunement. An example demonstrates the impact of an impatient mother who hurries her child's feeding, and in her haste removes spoonfuls of food from his mouth. Poor eating habits and refusal to take solids result from the mother's behavior.

The effects of inhibition of aggression in a paralyzed infant are examined by Jean-Victor Paul Wittenberg. Mastery, initiative, interpersonal relationships, and affect development suffer. Parental pathology further aggravates the effects of inaction.

An essay by David A. Freedman explores the meaning of echolalia. An emotional aspect of learning disabilities is portrayed by Benjamin Garber. He describes how a mother's excessive pressure for superior performance, coupled with her false belief that her son is mentally deficient, makes learning an impossible task. Eleanor Galenson summarizes her widely known research on early sexual development and notes excessive hostile aggression in girls of lower economic class compared to middle-class income groups. In their doll play the children are strict and chastising rather than gentle.



Preventive approaches to vulnerability due to poverty include those of Susan Stoll Sodergreen of Seattle's Ryther Clinic, and Hampstead's Hansi Kennedy, discussed by Bertram Cohler of Chicago. Their results differ, in my estimation, because of dissimilarities in the cultural groups. Other papers unreported on this topic but presented in this workshop come to mind, particularly a study by Dale Meers about the lives of African-American children from the ghetto constantly confronted by death, violence, and drugs, hardly the average expectable middle-class white environment. While I am on the subject of my favorite discussion group presentations, I want to mention Sarnoff's brilliant exposition titled "Brachodocia," regrettably not included in this volume.

Jules Glenn's article, "Inner Bodily Sensations, Trauma and Masochism," uses two analytic case examples, one a little girl with celiac disease, the other an adolescent boy with severe superego inhibition of sexual impulses. This precedes a section on the effects of sexual abuse and violence on children. Before reporting the analysis of an adult patient, Cohen quotes both Brandt Steele and this reviewer extensively. One cannot help wondering why the original papers presented at the discussion group were not included here to round out the topic. Karasic's account of the analysis of a patient who experienced violence in her childhood is fascinating and is recommended reading. In the concluding chapter Etezady offers a summary of a workshop on violence (Galenson, Mizuta, and Fineman).

The papers merit collecting. The essays are varied and cover a smorgasbord of topics, hence do not make for easy summation: only limited grouping is possible. Most of the contributions are quite complete and are accompanied by a list of references. Some are preliminary and would have been well served by rewriting for publication. What works in a discussion group devoted to a specific topic does not necessarily come across the same way in book form. It would have been helpful to the reader and would have made for greater cohesion had the editors elaborated their reasons for selection by author, subject, time, and place of presentation. Nevertheless, the volume is excellent and should be part of any analyst's (let alone child analyst's) bookshelf.

KATO VAN LEEUWEN (LOS ANGELES)

## Neuroscience: British Journal of Medical Psychology. LXVII, 1994.

Fred M. Levin

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# ABSTRACTS

## NEUROSCIENCE

**British Journal of Medical Psychology.** LXVII, 1994.

*Abstracted by Fred M. Levin.*

The *British Journal of Medical Psychology* is highly recommended to readers as an important source of information and perspectives not duplicated on this side of the Atlantic. We are all enriched by its efforts, even when we disagree. As an example, I will cite three related articles from this journal which should be of special interest to psychoanalysts.

**On Psychoanalysis and Non-Linear Dynamics: The Paradigm of Bifurcation.**  
Beatrice Priel and Gabriel Schreiber. Pp. 209-218.

Priel and Schreiber's concise article invites one to consider several complex psychological variables in relation to non-linear dynamics (catastrophe theory, chaos theory), a branch of mathematics that covers phenomena that appear random but are actually deterministic. When the equations which describe the behavior can be discovered, they can be modeled. This kind of modeling is made possible through the advances of modern computers. Consequently, much of the terminology and imagery presented in the article deals in part with geometric diagrams, a subject not commonly seen in psychological articles.

The authors begin with "bifurcation points" which they define as those points which "designate the emergence of several new and stable solutions." They introduce a Feigenbaum diagram which demonstrates bifurcation points; the diagram expresses how the frequency of some oscillatory phenomenon is rapidly doubling, and the system is shifting into chaos. The authors highlight this critical time period (or so-called phase state shift) because this "moment" involving the evolution of chaos is something about which experts in chaos theory generally agree: from a strictly mathematical perspective "universal" principles and mathematical constants characterize the changes, apparently independently of the nature of the system involved (whether laser, heart, electronic circuit, weather, or whatever). Although the subject of chaos (and its graphical representation) can indeed be esthetically beautiful, the subject nevertheless remains dauntingly difficult, and finding mathematical solutions to chaos-related functions is at present sometimes impossible. Also, there will be questions about whether and how to apply this specialty knowledge to psychoanalysis.

Within chaotic systems in general initial conditions can prove decisive, making a difference, for example, in which direction is taken at each point of bifurcation. This is called the "butterfly effect" according to the example in which the presence or absence of a single butterfly can allegedly determine whether or not a hurricane ultimately develops at a particular time and place.

The authors assert the applicability of chaos theory to psychoanalysis for a variety of reasons. They point out that Freud's historical description of logical chains of

associations involving "two or more threads of associations meet[ing] and thereafter proceed[ing] as one" can be seen as neatly overlapping the mathematical perspective of a bifurcation point topographically, but one, according to the authors, "where one of the ramifications has been suppressed." They also make a number of assertions which support their claims about both the utility of chaos theory as a metaphor and its specific relevance beyond mere metaphor.

One advantage of chaos theory for them is that it smoothly takes into account the surprise and complexity that invariably play a crucial role in clinical psychoanalysis proper. A second advantage is that such moments of surprise, from the perspective of chaos theory, would seem isomorphic to or representative of "a process of destabilization—a transition to a non-linear, far-from-equilibrium stage—that allows for bifurcation points to occur." In other words, chaos theory appears robust in capturing psychological change in development, based upon its "enhanced sensitivity in perceiving the [local] environment" as well as its ability to formally express "a multiplicity of solutions" to a complex equation.

The authors suggest that variables such as the psychoanalytic transference phenomenon itself might be illuminated when seen in relation to the behavior of the "attractors" of chaos theory. In a nutshell (in terms of chaos theory) transferences might be considered "transitions from [nonchaotic] 'limit cycles' to strange [chaotic] attractors through bifurcation. . . ."

The authors define attractors as "geometric forms that describe the long-term behavior of a [complex] system." That is, "an attractor is what the behaviour of the system settles down to, or is attracted to," such as a pendulum's movement over time toward a fixed point of rest. This rest point is described as an attractor because it is as though the point attracts the pendulum. Strange attractors describe still more complex patterns; they also represent the inception of chaotic patterns, and are one of four basic kinds of attractor classifications. The authors can only provide tidbits or hints regarding the many details of chaos theory.

If the reader begins to doubt the relevance of the subject to psychoanalysis, it should be noted that a number of scholarly United States psychoanalysts, notably David Forrest, Robert Galatzer-Levy, and Vann Spruiell, have made similar valuable efforts to alert the psychoanalytic community to chaos theory. Although none of this American work is cited by the authors, this is not surprising, given how rarely American authors cite British scholars.

The authors have condensed their article so much that there is only a bare minimum of illustrations of their ideas or documentation of previous work in their own interdisciplinary field. Also, although a few diagrams do appear (such as the classical Feigenbaum diagram), they are generally inadequate to the task. Some readers might have benefited from more detailed explanations.

The writing of the American psychoanalysts cited above might be useful for readers who wish a better understanding of what is being bravely asserted by Priel and Schreiber. For example, Vann Spruiell helps with verbal explanations of the nature of non-linear dynamics and its specific application to psychoanalysis; Galatzer-Levy provides some helpful visual metaphors (of topological folding) as means of making the subject more comprehensible, while Forrest provides the best general overview of integrating psychological and mathematical approaches that I am aware of.

Despite the above-noted deficiencies, Priel and Schreiber's article is an important and unique contribution to the application of chaos theory to specific psychological complexities.

We have a great interest in understanding mind and brain, surely the most complex subject ever examined by humankind, and any technology that might organize or simplify this study would be valuable. Moreover, other medical sciences have attempted to exploit chaos theory, so psychoanalysis is entitled to test out its utility.

In my opinion the best part of the paper deals with the application of chaos theory specifically to transference. The idea is basically as follows: (1) certain transference moments represent, on the one hand, possibilities of structural change in the mind/brain and, on the other hand, bifurcation points with creative potential; (2) "bifurcation potentially creates information . . . [that is,] . . . space-symmetry breaking is the necessary prerequisite without which the possibility of constructing an information processor simply would not exist" (according to Nicolis and Prigogine, cited in the article); and (3) chaos can be useful to communicate or carry information (as in Shannon's theory of communication, viz., the amount of information conveyed by any communication varies indirectly with our ability to predict what will be said).

The authors are asserting that it is possible that the mind/brain of the transference-experiencing subject in psychoanalysis may at times be undergoing specific states that involve learning readiness ("windows"), and these states would seem to coincide with the onset of chaos. What the chaos involves is a kind of "freedom" to form bifurcation points in one's thinking and through analyzing, thus reorganizing critical data bases of mind and brain.

**Strange Attractors and Dangerous Liaisons: A Response to Priel & Schreiber 'On Psychoanalysis and Non-Linear Dynamics: The Paradigm of Bifurcation.'** Chess Denman. Pp. 219-222.

Denman's criticism of the idea of usefully applying chaos theory to psychoanalysis is seen in his disparaging remarks about Lacan's interest in knot theory, Matte Blanco's application of set theory, and Jewish mystical (kabbalistic) interest in calculating the numerical values of certain words, all of which he lumps together as useless endeavors. He sees the authors as humanizing mechanisms and mechanizing humans, objecting in particular to seeing human psychology in terms of watch mechanisms. His principal objection to chaos theory re psychoanalysis is that "psychoanalysis has not yet conclusively been shown to be efficacious. . . ." Denman, therefore, does not take seriously any of the possibilities inherent in Priel and Schreiber.

**Commentary on Priel & Schreiber, 'On Psychoanalysis and Non-Linear Dynamics.'** Sebastian Gardner. Pp. 223-225.

Gardner's approach is that of a philosopher and, understandably, he is more cautious about criticizing Priel and Schreiber except in the area of his own expertise. Thus, he holds the authors' work to be "methodologically sound" regarding their claim of "the pervasiveness of a certain basic (mathematical) form in nature" but wonders still if the level of psychoanalytic discourse and that of chaos theory are "logically on a par." He continues: "there is a powerful reason . . . for thinking that

Priel and Schreiber are mistaken in supposing that the absence of predictability-securing lawful causal connections in psychoanalytic explanation is logically on a par with the non-predictability of non-linear systems. Psychoanalytic explanation, although it is indeed causal, does not employ causal laws. It operates in a different way which hinges on the identification of connections of representational content between mental states . . . Interpretation, and not inductively grounded cause laws, provides the lens through which mental causation is discerned in psychoanalysis." He concludes that the similarity between the unconscious mind's activity and non-linear systems "is an illusion" and that, consequently, Priel and Schreiber's contribution is reduced to providing naught but an interesting metaphor.

What is unfortunate here is Gardner's misperception of psychoanalysis as exclusively based upon inference from an "interpretative framework" of associations or "representational content between mental states." If psychoanalysis were reduced to this and nothing more, then Gardner would be correct; however, clinical psychoanalysis is dynamic, and as such, it has developed considerably over time from the methodology Gardner associates with psychoanalysis. Current practice is based upon multiple methods, models, and strategies. We combine empathy (vicarious introspection) and observations (as in any scientific field, say physics or mathematics); we think equally important the patient's words, thoughts, affects, actions, and the referential contact between these variables. Our theories are becoming more complex, and we shall need interdisciplinary input to advance our theory and practice.

## LITERATURE

*Abstracted by David Galef.*

**"The Spirit of the Age": Virginia Woolf's Response to Second Wave Psychology.** George M. Johnson. *Twentieth Century Literature*, XL, ii, 1994. Pp. 139-164.

From the start of her literary career, Virginia Woolf exhibited a psychological bent, and though most critics assume a Freudian influence, a host of other "second wave" figures from the early era of psychoanalysis color her work ("second wave" is distinguished from "first wave" in its shift from the mind as a mechanistic, passive entity to psychic energy in flux). As George M. Johnson argues, Woolf's father, Leslie Stephen, was particularly influenced by the Society for Psychical Research, founded in Britain in 1893, passing on the ideas of Frederic Myers (the subliminal self), James Sully (author of *Sensation and Intuition*), as well as others, such as Henri Bergson, more philosophically than clinically inclined. Sully in fact admired Woolf's writing, and Woolf for her part mentions him in letters as late as 1912.

Johnson goes on to provide an apt if occasionally vague tracery of second-wave influence in Woolf's first two novels, *The Voyage Out* (1915) and *Night and Day* (1919). Protagonist Rachel's primary conflict in *The Voyage Out*, for example, is based on a repression of feelings that not only separates her from others but also divides her into two selves: her rational being versus her uncontrolled instinctual desires. Her latent sexuality therefore emerges most vividly in dreams, but also in prelinguistic states of consciousness. Rachel's schism most resembles Henri Bergson's model of two-layered consciousness, one layer clear and fixed, the other mutable and inex-



pressible. Johann Herbart's theory of momentary repression, circulated by G. F. Stout in Britain in the late 1880's, also has relevance in Rachel's occasional shutting out of both external stimuli and internal visions. And, as Johnson adds, the psychosomatic nature of illnesses like Rachel's terminal fever near the end of the novel was a subject often covered by the Society for Psychical Research.

Johnson performs a similar analysis on the protagonist of *Night and Day*, Katherine Hilbery, who can engage only part of her mind with surface reality. Here, however, dreams begin as escape and end in the fulfillment of wishes, emphasizing Woolf's more mature view, "her interpretation of the importance of the dream life in overcoming repression"—a portrait of the novelist as a young analyst. Woolf's working relationship with James Strachey and a more direct conversance with Freudian concepts came later.

**Austen's Blush.** Mary Ann O'Farrell. *Novel*, XXVII, ii, 1994. Pp. 125-139.

One of the traditional complaints about Jane Austen's novels is that they pay insufficient attention to the body. This lack seems especially notable in an author devoted to affairs of the heart. Yet, as anyone who had read Austen knows, pride and subterfuge mask true passion, which is in turn given away by subtle signs rather than flagrant declarations. As O'Farrell argues, "Austen's turn to incivility and its associates, embarrassment and confusion, as signs of love is a resort to involuntariness as a basis for the credibility of expressed feelings." In other words, if, for historical reasons beyond her control, Austen did not read Freud's *Psychopathology of Everyday Life*, she nonetheless shows a marked familiarity with the essence of its contents.

In particular, O'Farrell cites a wealth of evidence from *Pride and Prejudice* and *Sense and Sensibility* suggesting that the blush, an arousal of sorts, is Austen's psychosomatic marker for passion. Within the context of Austen's mannered world, O'Farrell postulates an "erotics of embarrassment," building to the kind of mutual mortification felt by Elizabeth and Darcy in *Pride and Prejudice* that forces a radical reassessment of one's motives, a self-analysis that leads to the recognition of love. In Austen's aim "to recover a sense of the body in manners," O'Farrell finds a movement from individual strictures to the tight, if warped, social structure of the times—a link that still holds in our far less mannered age.

**Psychoanalysis, Queer Theory, and David Leavitt's *The Lost Language of Cranes*.** Jon Harned. *South Central Review*, XI, iv, 1994. Pp. 40-53.

As David Leavitt once revealed in an interview, his novel *The Lost Language of Cranes* is based in part on a case study by the Lacanian psychiatrist, François Péraldi. Treating an abandoned child arrested at the prelinguistic or mirror stage, the psychiatrist tried to introduce a father figure to supplement the boy's attachment to a female teacher, but was rejected. Péraldi's write-up, departing somewhat from Lacanian orthodoxy, "foregrounds the neurotic mechanisms in the institution of the symbolic order," and these kinds of mechanisms, according to Jon Harned, are the operative principles—or conflicts—in Leavitt's novel.

The main character, Philip, at first lives in the oedipal triangle formed by his parents, Rose and Owen, who have assuaged their guilt at rejecting their fathers by marriage and obedience to each other. But Philip's awareness of his homosexuality



at puberty precipitates a crisis, as the family's symbolic order collapses upon Rose's unfulfilled lust and Owen's own latent homosexuality. In the end, both in the novel and in the world at large, Freudian and Lacanian views of the individual, as predicated on schisms and lack, may prove more useful to current gender studies than many feminists' assumption of unified wholes. As Harned notes: "Like Lacan, Leavitt recognizes that the moment when the window becomes a mirror defines what we love and who we are, yet it also constitutes love as an insatiable demand, an alienation of the self in the other."

**Revista de Psicoanálisis.** (Argentina) Special International Issue, 1993:  
Repetition.

*Abstracted by Irene Cairo Chiarandini.*

**Repetition That Depends on Structure.** Carlos Mario Aslan. Pp. 11-19.

The concept of structure is present throughout Freud's work and is ubiquitous in contemporary psychoanalytic thinking, from Klein's internal objects to Sandler's representational world, through Winnicott, Kernberg, and Bollas. According to Aslan, it is structures that repeat and are repeated since it is structures that signify, codify, perceive, and respond. We work with the repetition of structures, not with the fate neuroses. The definitions of structure basically follow two approaches: In one, structure is viewed as a set of functions, a set of psychical processes that are stable and permanent. This is true both for Lagache and for Pulver. Structure refers to organized contents that fill a specific function. In the other approach structure is *an inference* from observable processes.

For Lagache, the basic difference between the topographical and the structural model is the role given to intersubjective relations in the process of structuralization of the personality through the process of identification. The author adds: internalization and externalization are the processes that give a structure to the internal world. There are primary and secondary structuring identifications and processes of introjection. It is the relative constancy of functioning that produces the effect of repetition. Each history is registered in a unique psychic structure.

Three clinical examples illustrate how the author sees the relation between structure and repetition. It is impossible to suppress structural repetition; what we aim for is modification of those structures that repeat: the deformed ego, the excessively demanding superego, the psychopathology. This is what we deem specifically psychoanalytic: it is what we mean by structural change.

**Repetition and Memory.** Alain Braconier. Pp. 21-26.

On the basis of a clinical example, with the detailed process of one session, Braconier approaches the relationship between repetition and memory. A patient narrates a current traumatic event. The analyst associates to a past traumatic event that has been repeatedly evoked in the analysis and viewed by both analyst and analysand as central to the neurosis. In this instance, however, it is only the analyst who "remembers," connecting that traumatic episode in the patient's past to the current one. The author addresses the relation between memory and repetition in the

course of an analysis. What allows the functioning of memory to be different in the analyst? In the analytic process the patient possesses "episodic memory"—which refers to data in a given spatial/temporal content—while the analyst possesses "semantic memory"; that is, memory of facts, ideas, concepts, regardless of temporal spatial context. Why should this be so, when both the analyst and the analysand understand the importance of memory for the process of cure?

The author states that what forces the patient into the present is the actualization in the transference, the repetition in the here and now. The objective is to treat the clinical neuroses through the transference neuroses, so as to refer to the infantile neuroses. It is precisely transference that bridges these two types of memory. The weight of repetition of the infantile neuroses in the present can only be worked through by the transformation of the episodic memory of the patient to a semantic memory which the analyst makes possible through analysis of the transference situation.

**The Misunderstanding. On the Function of Repetition in the Psychoanalytic Process.** Alain Gibeault. Pp. 27-42.

The author defines the function of repetition in the analytic process in terms of the space between repetition as resistance and repetition as the basis of something new. Between repetition as resistance and as the basis of the new, transference appears in its objective and narcissistic aspects. Interpretative work aims at abandoning the repetition of that which is identical and that which protects the subject from death anxiety and absence of representation, at the risk of immobility and closure. The analytic setting favors the repetition of sameness to open the way to new psychical productions.

The dynamic aspect of transference requires a working through that will reorganize the unconscious-conscious dimension, but will also reorganize the psychic economy, therefore requiring a strategy and a "necessary time" for psychic work. This time will allow the patient the organization of a "psychic space" to recover contact with his or her own desire and thought.

In the clinical work the analyst must pay attention to the preconscious, which mediates unconscious-conscious relations and internal-external connections. Interpretation is the vehicle of representation in words through which the analyst's analyzing function will be introjected. The analyst must first try to associate rather than to know, and must be surprised by his or her own associative capacity. The analytic process will be organized by interpretations *in* the transference, in which the analyst becomes the figure on whom the patient finds support against anxiety; the risk of early interpretation of unconscious fantasy is that it may reinforce the attack by a persecuting superego projected onto the analyst. The interpretation *in* the transference therefore precedes that *of* the transference. (The first refers to the description of the emergent phenomena of the relation the analysand develops with the analyst, the latter describes these phenomena as part of a history with the primary objects.) Following Diatkine and Simon, the author believes that interpretation attributes meaning not only in contents, but also to the contradictions evoked by the analytic situation. Although there are exceptions to this rule, interpretation *in* the transference can be closer to the preconscious and interpretation *of* the transference

can be more explanatory (addressed to the system perception-consciousness), more univalent and reductive.

The clinical case concerns a twelve-year-old boy with severe inhibitions and an early history of surgical trauma, followed by what was perhaps secondary autism. Though recovered from the latter, the boy then developed severe behavioral problems, especially episodes of rage and developmental delays of motor and speech functions. Geographic circumstances made analysis impossible; the treatment offered was psychoanalytic psychodrama, on a once-a-week basis, a treatment which lasted eight years. Conducted by the author and René Diatkine, the session had an "animator"—who had the interpretative role—and four co-therapists of both sexes, who potentially could also intervene. The patient proposed the scenes. The play with this boy was stereotypical for six years. But then the patient, already an adolescent, made a direct connection between the psychodrama scenes and his own life history. The mediation by play had allowed the reconnection in his mental functioning. A representational process could now begin.

To conclude, the author discusses causality from the point of view of analysis—not as linear and continuous but as discontinuous and established *a posteriori*—and clarifies his distinction of narrative and historical truth as well as psychic and material reality. He maintains the importance of these differentiations while asserting the impossibility of achieving the distinction. In this context he also argues for the tentativeness of interpretation and advocates giving up a narcissistic fight for "the truth" in favor of "a truth" that always leaves an unknown.

**Repetition and Fate Neuroses.** Charles Hanly. Pp. 55-70.

What prompted Freud to restrict the hegemony of the pleasure principle, which had so enlarged the comprehension of human phenomena? Philosophers long before him had agreed on the importance of the search for pleasure. The ethical question was: what pleasures were worthy for humans, and what pain should be endured for the good of a worthy pleasure? As we know, Freud used five sources of evidence connected with the repetition compulsion: traumatic neuroses, dreams, infantile play, transference neuroses, and fate neuroses. In regard to the pleasure principle he transformed a neurological description—in terms of discharge—to a psychological description: that wishes, derived from drives, aim for a behavior adapted to satisfaction.

The author explores what he considers to be the problems with Freud's thinking in regard to the pleasure principle, the repetition compulsion, and the death instinct. He believes that *theoretical* problems are indeed created by abandoning the Freudian hypothesis of the death instinct. For instance, it becomes necessary to find alternative explanations of the severity of conscience to those offered by Freud in 1923. Similarly, we change our understanding of Kleinian ideas about the schizoparanoid position. All this serves as prologue, however, to a *clinical* proposition: the thesis that whatever their genesis, fate neuroses are only a form of borderline neurosis: they share problems in reality testing and impulsivity.

Three detailed clinical examples illustrate this thesis. In the first, compulsive acts that seem manifestations of a fate neurosis are explained through unconscious

anxiety that operates within the boundaries of the pleasure principle, inflicting a “lesser pain” to avoid a catastrophe. In the second, the dynamics are similar, the pathology less severe, resembling forms in which all neurotics sacrifice their capacity for fulfillment and pleasure to gratify feelings of guilt. In the third clinical case, the understanding is achieved through viewing the patient’s “self castration” as a stratagem, a falsification, to disguise oedipal wishes. The feminine identification was a narcissistic defense (as described by Chasseguet-Smirgel in 1984), in this example not strong enough to constitute a perversion but sufficient to “fool” the father in its Promethean, almost manic intensity. In previous work Hanly postulated an aggressive instinct activated by frustration of object or narcissistic libido, or ego instincts. Here he argues that fate neuroses do not prove a kind of repetition compulsion that would justify the hypothesis of the death instinct. Discussing also Loewald’s ideas about obsessive compulsions and repetition compulsion, the author postulated that disturbed adaptation and expectations regarding the objects are sufficient to determine recurrent self-destructive behaviors. Finally, the author reflects on the subject of establishing criteria to evaluate psychoanalytic hypotheses.

**On Repetition and Its Paradoxes.** Max Hernández and Alvaro Rey de Castro. Pp. 71-79.

Every analytic listening is in itself an interpretation that organizes the original narration in a different form. The analytic text is being formed in its reception, a situation that involves risks. Two different approaches are at the extremes of the pluralistic world of current psychoanalysis: one includes time, emphasizing the analytic process as central to the analyst’s interest; the other takes each session and the analytic attitude as the focus. The first lends itself more naturally to the exploration of repetition. In the latter the place where repetition can be detected is narrower.

Bion based his thinking on Freud’s ideas of 1912 and 1914, when he discussed how analysts should allow themselves to be surprised by what is new, and that no effort should be made to bring back data or focus on the past. Eventually, the new will organize itself in the memory of a theme. Freud broke with himself in his approach to repetition in 1920, at which time an “excess,” a going beyond, contaminated the writing itself. To propose the death instinct was in itself a going beyond, postulating a repetition compulsion that accounts for a silent and omnipresent force that undermines clinical work. His later writings (“Constructions in Analysis” and *Moses and Monotheism*) show the effects of that force in his thinking. In the clinical approach it is possible to differentiate repetition that expresses the failure of forgetting from that which attempts to free itself from the memory that haunts it.

The authors believe that the work of the analyst is to organize what is insistently repeated, since repetition, no matter how fatiguing, is what facilitates interpretive work. But repetition itself may mask surprise and deform the listening. Two clinical vignettes illustrate the different roles of representation and memory and their relation to anxiety. Listening to clinical material is likened to listening to musical material such as Bach’s *Thema Regium* (in his *Musical Offering*). The theme appears everywhere, insistently, but the charm is in the diversity of that insistence. In summary, working through takes account of both surprise and repetition.

**Repetition: Re-edition—Edition.** Jaime M. Lutenberg. Pp. 89-110.

On the basis of the negative therapeutic reaction, Freud conceived of repetition as beyond the pleasure principle. From that concept he hypothesized the death instinct: its aim is a reduction from the complex to the simple. In contrast, in the process of healing and cure, what is achieved is a greater complexity. Following Klein, Bion, Meltzer, Winnicott, Searles, and Green, the author emphasizes that there are two different processes connected with repetition: those that result in re-editions and those that make new editions. The first demand an instinctive discharge, the latter a process of charge: a semantic charge, a mnemonic charge. Traumatic experience demands a psychic registration because of the original semantic emptiness connected with the trauma.

Repetition was an inspirational concept for Freud. For the first time in science, through the concepts of trauma and repetition, the neuroses were placed in the field of reversible phenomena. From trauma, repetition, discharge theory, through libido theory and complementary series theory, it is the ego that reconciles pleasure and reality. Repetition follows the pleasure principle; the symptom reflects the peremptoriness of discharge. The preconscious transforms the unconscious wish from its representational labyrinth: in the preconscious the repetition acquires originality. The preconscious transforms the drives.

Already in "The 'Uncanny'" and more clearly in *Beyond the Pleasure Principle* Freud found repetition that does not follow the pleasure principle. This repetition tends to a charge, not discharge. The final aim of this kind of repetition is a process of psychic charge that makes possible the unconscious representation. If in the trauma quantitative vicissitudes are such that the ego is overwhelmed, a portion of the ego will be alien to the traumatic experience, which is thus not registered. What can be represented is interrupted at the point where the ego was overwhelmed. Later, libidinalization guides repetition in the attempt to register the representational signification of the trauma. Thus, the analyst's task is no longer to make the unconscious conscious, but rather to make unconscious something that achieved a traumatic effect, yet never found a psychic registration. When the original traumatic disaster overwhelmed the ego, these facts were neither conscious nor unconscious: they are not memory; they are an active process of destructuring. It is from these ideas that Freud reconceptualized the psychic apparatus. It is perception that will transform the id into ego; Thanatos pushes in the opposite direction, toward psychic death.

In the topographic model thinking begins in the gap between the impossibility of repeating and the unconscious wish to repeat. With the structural model there is a marked difference between the factual event (trauma) and the psychic event. Repetition searches for the missing representations. Repetition beyond the pleasure principle is id that does not become unconscious ego.

The concept of the death instinct points to a force that erases that which is learned, tending to involution. It never operates alone. All psychic instances are subject to the interplay Eros-Thanatos.

Lutenberg raises a fundamental question: Is repetition an endless reproduction of the same? Or does it make eternal a first time which was never completed? He proposes the psychic registration of a first time that never took place. This concept

marks the difference between the factual event (traumatic experience) and the psychic event (psychic registration). Repetition seeks the missing representations. In the transference wish there is a disfigured repetition of the wish. Lutenberg calls this the "re-edition" of the wish. Where there has been no psychic registration, there has been no such wish. Two contrasting clinical vignettes illustrate these ideas. Lutenberg discusses these transference re-editions, comprising a vast number of processes of working through that occur in the psychoanalytic session. Their common denominator is the construction of a mental structure that did not exist before.

In contemporary practice we think of structures that underlie the neurotic structure. Lutenberg refers to David Liberman's ideas that relate the analysand's style to the underlying structure (for Liberman there is a predominant style, and also stylistic subcomponents). These notions help the author understand the relation between the edited and the unedited in the analysand. Lutenberg believes that pure repetition cannot occur. An ideal interpretation should always contain the opening implied in every repetition simply by its appearance in the transferential link. If we emphasize only the regressive aspect in the analysis, an addiction may result that favors masochistic fixation. The analyst, as semantic catalyzer in the process, is the one who favors forward or backward direction of the analysis. The analyst appreciates the transformational processes in the patient and therefore can assist the production of new thinking.

Transferential editions confront us with the underlying emotion, terror; we attempt to reconstruct the emotions related to the terror through a special grammar that combines the analyst's countertransference with the morphology of each object of the setting. Free association brings a true semantic opening when examined in the light of transference movement. The analytic dyad intercepts repetition without edition, transforming it in edition without repetition.

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