Drive Theory Revisited

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Fallacious energic formulations and phylogenetic oversimplifications have led drive theory into disfavor. However, the advantages of a drive concept based on evolutionary principles outweigh the disadvantages. A psychological drive concept best captures the innately endowed, self-enhancing motivational push compatible with evolutionary principles, while at the same time being consonant with the intrapsychic dynamics of psychoanalytic observation. Current evolutionary principles and their implications are discussed. Incorporating these principles as cogent theoretical postulates is a crucial part of maintaining a link to the natural sciences and thereby to our involvement in the great enterprise of elaborating a comprehensive psychology. To exclude these concepts is to promote a detachment from our involvement in the natural sciences and to lose a powerful heuristic guide for our theoretical endeavors.

Together with the concepts of unconscious mental processes and mental conflict, a concept of drives, underlying psychic determinism, is one of the original, fundamental features which has distinguished psychoanalysis as a general theory of psychology. Yet today, drive theory occupies an uncertain position in psychoanalytic thinking. Its status, complex and contentious, seems to have acquired a certain disrepute. Contention is not new—the postulates of a drive theory, invoking basic innate motivations, have always tended to stir controversy. As a consequence of the exhaustive theoretical disputes associated with the topic, some have wearied of it or raised the objection that science has passed the drive concept by (Modell, 1990).

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As is well known, psychoanalysis has been undergoing a sustained period of theoretical ferment and conceptual growth. Its status as a science, already under severe critique from without, has become the subject of intense debate within the profession. Criticism has extended beyond the methodological to the theoretical criteria themselves. Wallerstein (1988), in his cogent discussion of these issues, states:

> This intense debate has been sparked by the increasing dissatisfaction among psychoanalyst theoreticians over the past two decades with the entire metapsychological edifice, cast in a natural-science model, that had been brought to its position of almost unquestioned hegemony . . . in the ego-psychology structure. . . . This once almost monolithic supremacy of the natural-science ego psychology paradigm of Freud's metapsychology has now given way to an array of divergent and revisionist theoretical positions, as well as contrapuntal passionate defenses by its continuing adherents (p. 7).

The growth of the hermeneutic phenomenological school, in which psychoanalysis is regarded as a humanistic endeavor bound by its own set of subjective laws, specifically rejects "the metapsychological edifice, cast in a natural-science model." The hermeneuticists, together with those whose approach is more individual but who have taken particular issue with drive theory (e.g., Schafer) and the more recent, strongly antidrive intersubjectivists, comprise a flourishing array of theorists who see no need for a drive concept at all.

Nevertheless, starting with its original role in Freud's metapsychology, the drive concept has shown a remarkable and intriguing resiliency—as centerpiece, as foil, or as explicit or implied underpinning in various reformulations of psychoanalytic theory. The reasons for this are worth considering. On the basis of the thinking in modern evolutionary biology, I believe it is challenging but especially worthwhile to refocus attention on drive theory during the current climate of theoretical dispersion in psychoanalysis: challenging, because drive theory has proven a heuristic trap for

the unwary; worthwhile, as I would contend that drive theory involves issues integral to certain current theoretical disputes.

The purpose of this paper is to argue the advantages of a concept of drives based on current evolutionary principles, to elaborate on current concepts in modern evolutionary theory, and to discuss the implications of these concepts for a theory of drives and for psychoanalytic theory in general.

Historical Review

A theory of drives evolved gradually in Freud's mind and was subject to repeated revision as he attempted to account for greater ranges of clinical data. Drive indicated a stimulus to the mind arising from within the organism "on the frontier between the mental and the somatic . . . a measure of the demand made upon the mind for work in consequence of its connection with the body" (1915, p. 122). In his early formulations (1905, 1914, 1915), Freud conceived of the drives in evolutionary terms. Libidinal drives related to the preservation of the species, and the ego drives aimed at preserving the individual and curbing the libidinal drives when necessary. In his final formulation (1920a), he proposed the existence of two drives, libido and aggression, both deriving from basic biological instincts—an instinct of love, Eros, and an instinct toward death, Thanatos. The drives are rooted in biology and can perhaps be based on the physiological processes of anabolism and catabolism. Within traditional structural theory the superego and id are regarded as functioning with energy derived from libidinal and aggressive drives, whereas the ego functions with two sources of energy: the first is transferred from the drives, and the second is seen in the primary autonomous ego functions (Hartmann, 1948) present at birth and separate from the drives though subject to being influenced by them. Although regarded as fundamental, these formulations have consistently provoked discontent and, in the decades following Freud's death, a series of rejections and revisions of traditional drive theory have

played a fomenting role in theory development. The revisions are well known and for the purposes of this paper can be generalized as embodying three trenchant critiques and one that is less obvious and more integral to the actual development of drive theory.

First, the energic formulations contained in original drive theory and further elaborated by Hartmann, Kris, and Loewenstein (1949), who were particularly concerned with adaptation and aggression, have become the focus of a body of criticism of the overly mechanistic hydraulic concept of the mind in which physiological analogy has, to varying degree, been transmuted into psychological theory (Brenner, 1982; Holt, 1976; Klein, 1976; Schafer, 1976).

Second, the reductionism in attributing all motivation to the satisfaction of sexual and aggressive needs, with a consequent underemphasis on object ties and the need for mutuality, was taken up by a series of theorists. This observation has been incorporated with the first, with the resultant critique that the mechanistic and anachronistic biological approach embodied in traditional drive theory does not allow for inclusion of the vital areas of mutuality and connectedness and that it has critically overemphasized the role of sexuality, aggression, and conflict.

Third, the concept of drives traversing a frontier from the body to impinge on the mind is misconstrued. This is a critique made clearly by Brenner (1982). The frontier is a misconception. Mind is a function of brain—no more, no less—as respiration is a function of lung. I believe these are issues currently subsumed under the great puzzle of consciousness (Chalmers, 1995; Dennett, 1991): how and why subjective experience emerges from physical brain processes. The how remains an enigma which has long engaged and misled an array of disciplines and, of course, continues to challenge science and philosophy. Evolutionary biology does, however, offer a cogent answer to the why. I will return to this later.

It should be noted that a fourth revision with crucial implications for drive theory has been the progressive dissociation of the drive concept from evolutionary ideas. This originated with Freud himself, who, in his final formulation of drive theory (1920a),

dispensed with his earlier attempt to include self-preservative instincts (ego instincts). As noted by Arlow (1949), the elevation of aggression to the status of a drive in its own right in conflict with the libidinal drive dispensed with the oppositional role of the ego drives. Self-preservation became separated from the drive concept and related more to the process of adaptation. However, evolutionary ideas were still strongly influential in Freud's thinking, and many of these had a decidedly Lamarckian caste. In conceiving his ideas, Freud was influenced by Darwin (Ritvo, 1990) and the evolutionary ideas, including Lamarckian, struggling for supremacy at the time. Some have claimed that there are significant implications in the fact that Freud included Lamarckian ideas in his thinking (Gould, 1987; Sulloway, 1979). However, as has been noted (Mayr, 1983; Ritvo, 1990), the nature of the variations upon which natural selection worked were not clear to Darwin or anyone else at the time. Inheritance, through use and disuse, came to be increasingly regarded as the most likely principle for evolution. This eventually came to be regarded as the Lamarckian (but more correctly neo-Lamarckian) view. What Darwin did disagree with was the actual Lamarckian idea of directed or willed evolution by an organism seeking perfection—as opposed to his theory of natural selection operating on some innate variation. The latter was not put on a firm basis until the 1930's (Haldane, 1932), and its elucidation continues.

In this light, Freud's belief in the inheritance of acquired characteristics is less remarkable, though he did persist with this idea long after it had fallen into disfavor among biologists. A similar argument, and stronger exculpation, applies to his fascination with the principle of recapitulation (ontogeny recapitulates phylogeny), respectable long after neo-Lamarckism's decline. Freud (1913, 1918, 1939) combined these theories in his speculations that certain prototypical experiences in the history of humankind (e.g., murder of the feared primal father followed by guilt) became recapitulated in individual experience. He carried this further in his "daringly playful" 1915 *Phylogenetic Fantasy* (see Grubrich-Simitis, 1987) which he never published and in which the

three transference neuroses and three narcissistic neuroses are speculated to have originated in human experiences related to the Ice Age.

I believe it was not Freud's retention of neo-Lamarckian views per se, but his holding to the idea that such complex, intricate psychological attitudes and patterns could be ontogenetic repetitions of phylogenetic experience, which proved awkward for his supporters and protégés (Hartmann, Jones, Kris, Rappaport). They explained Freud's speculations as dramatizations and symbolizations of intrapsychic development. Of more significance, in order to preserve the integrity of psychoanalysis they moved decisively away from evolutionary connections. This is seen most notably in the work of Hartmann, who, despite his focus on adaptation, a central evolutionary premise, discarded evolutionary principles as having "no direct bearing on our problem" (1939, p. 24).

Thus ensued a detailed focus on adaptation, based on a theory of drives detached from evolutionary principles and construed as the interplay of different varieties of energy, emanating from the all pervasive biological principles of Eros and Thanatos. This formulation has received no substantiation from related sciences and is generally regarded as erroneous. Some have viewed this development as helping open the way to psychoanalytic theorizing increasingly removed from natural science and from the data of psychoanalytic observation (see Young, et al., 1989). What does seem clear is that a drive concept conceived of in these terms has, not surprisingly, become anachronistic and tended toward irrelevancy. As a consequence, one of the central links of psychoanalysis to natural science, through the hypothesis of an endogenous set of drives arising out of "instinctual dispositions" (Freud, 1920b, p. 171), has languished accordingly.

As noted by Slavin and Kriegman (1992), the analysts who did come to include an evolutionary adaptive perspective, Bowlby and Erikson, were also proponents of the interrelational paradigm, which has further developed into the relational, self-psychological, and intersubjectivist models. The focus was on attachment and development within a relationship, on vital experi-

ences of the self. Endogenous drives were discounted or specifically rejected, a trend which has escalated.

The Argument for a Drive Concept

In conformity with contemporary postmodern thinking and scientific advances (quantum uncertainty, complexity theory), many feel that the attempt to understand and "know" a patient's mind is itself futile, a holdover of a logical positivist determinism anchored in nineteenth century scientific thought. An inherent unknowability and uncertainty regarding psychological experience is felt to be a more appropriate heuristic model. Furthermore, it is argued, psychoanalysis is in fact a humanistic discipline and not a natural science; understanding and revelation within—and confined to—the psychoanalytic interaction are its province of expertise. The intersubjectivists and social constructivists (Stolorow, et al., 1987; Hoffman, 1983, 1991) in particular have argued against any notion of absolute truth in favor of a more relativist subjectivist point of view. This is obviously a vast, complex topic and one that has been central to much recent psychoanalytic discourse. The point I wish to emphasize is that drive theory, centrally concerned with sexuality and aggression but redolent with energic and biological concepts and analogies extended into theories has understandably been at the core of this criticism of ego psychology. It is not only the overly simplified and mechanistic theories but also the deterministic, adaptive roles played by sexuality and aggression, or by any endogenous self-enhancing drives, that have hung in the balance in the resulting reconceptualizations. How does one include sexuality and aggression if traditional drive theory is disregarded? And if self-preservation and self-propagation are not conceptualized as the basic motivations of the individual, how does one include individual self-interest, or should one include it as basic? The relational schools which have developed a powerful conceptualization of object ties, whose riches are still being tapped, have de-emphasized sexuality, aggression, and individual self-interest.

If the energic formulations are, at best, metaphors and the
frontier phenomenon a heuristic misconception, a purely psycho-
logical concept of drives emerges as an attractive possibility. This
is the position advocated by Brenner (1982), who in essence main-
tains that psychoanalytic data support the view that specific indi-
vidual wishes (drive derivatives) of all persons are readily gener-
alizable into two groups—sexual and aggressive; that these "drive
the mind to activity" and "are the wellsprings of motivation."
They are "active from the earliest time in psychic life of which we
have reliable knowledge" (p. 38). Thus, the drives are generali-
zations derived from the psychoanalytic observation of human
behavior. He states further that while it is true that psychoanalysts
should not maintain theories about the drives which are at odds
with other branches of science, there is no need to defer devel-
opment of theories based on psychoanalytic data until evidence
from other fields of biology is forthcoming (as had been main-
tained by Freud).

In disposing of the more ambiguous and fallacious elements in
drive theory, avoiding the misconceived body-mind frontier, and
basing drive theory on generalizations derived from psychoana-
lytic data, Brenner has left us with a more parsimonious theory of
drives. However, in being based entirely on psychoanalytic obser-
vation, it leaves open the opportunity for asking whether drives
are better regarded not as "forces immanent in an autonomous,
separate primitive psyche, but [as the] resultants of tensions
within the mother-child psychic matrix and later between the im-
mature infantile psyche and the mother" (Loewald, 1972, p.
242). Or, why is maintenance of self-esteem and preservation of a
coherent sense of self not regarded as a driving motivation or the
driving motivation? Or what of others who, while they admit the
importance of aggression and sexuality in mental life, ask "[w]hat
happens if we think about aggression, like sexuality, not as a push
from within but as a response to others, biologically mediated and
prewired, within a relational context? Then the question of wheth-
er there is an aggressive drive or not is replaced by questions
concerning the conditions that tend to elicit aggressive responses

and the nature and variation of those responses'' (Mitchell, 1993, p. 160).

Indeed, at this stage, it must be asked: why maintain a drive theory at all? It is of peripheral clinical significance and utility, a stage removed from clinical observation, and it readily lends itself to misleading analogies. For those who are particularly interested in maintaining the status of psychoanalysis as a science—a status which, due to of problems of complexity, methodology, and lack of quantifiable data, is difficult to define—drive theory has become something of an embarrassment. The focus of some analysts is on the crucial task of developing empirical research methods, and the temptation to avoid, if not jettison, drive theory is understandable, while those who stress the interpersonal aspects and who believe psychoanalysis less a science and more a hermeneutic endeavor are clear about the need to jettison any form of natural science based drive theory. This does not necessarily refer to the idea of drives which arise within a relational matrix but to the idea of "endogenous drives."

Despite these arguments, I think it is advantageous to retain a theory of endogenous drives, and I would propose the following argument in support of maintaining a drive theory as part of general psychoanalytic theory.

Drive theory deals with phenomena which are universal; any postulated endogenous drives are to be found in everyone, though their intensity may vary. It is thus a theory which deals with basic, species-wide phenomena. It has phylogenetic as well as ontogenetic applicability and, as such, has tremendous heuristic power. At the state of present knowledge, it is reasonable to argue that any theory of human motivation that does not ultimately include or interface compatibly with the evolutionary sciences would either not be comprehensive or would be in error. While it may be true that a drive theory can serve as a stimulus and sanctuary for fanciful ideas, it is equally true that to divorce our theoretical endeavors from reference to our evolutionary origins and development creates a detachment which may serve to incubate theories of an overly ideal nature about ourselves. Our phylogeny

constitutes a powerful heuristic aid as well as a reality check on our theorizing. Evolutionary biology is an important neighboring and overlapping scientific realm.

Freud's continued interest in the drives can be explained by his search for a profound and complete theory, one compatible with evolutionary principles. We are a biological phenomenon, "uncomfortably" close genetically to species which are not human. To evince slight interest in this is to disavow interest in the factors and internal forces that have led us to survive, adapt, and evolve into a species that is human, forces which remain vitally active within us. *The purpose of a psychoanalytic drive theory is to capture the adaptive self-enhancing agenda of our species, an agenda in some form endogenous to each one of us.*

Freud (1939) was clearly attempting to grasp the adaptive capacities evolved from past experience of the species, which each individual inherits:

> If any explanation is to be found of what are called the instincts of animals, which allow them to behave from the first in a new situation in life as though it were an old and familiar one—if any explanation at all is to be found of this instinctive life of animals, it can only be that they bring the experiences of their species with them into their own new existence—that is, that they have preserved memories of what was experienced by their ancestors. The position in the human animal would not at bottom be different. His own archaic heritage corresponds to the instincts of animals even though it is different in its compass and contents (p. 100).

In seeking for the adaptive design, Freud is in good evolutionary company (see Slavin and Kriegman, 1992, p. 39). However, as noted above, I believe it is his holding that complex, intricate psychological propensities are inherited which seemed and still seems untenable. The postulates of a psychological drive theory, freed from energic formulations, are an attempt to include the adaptive agenda on a more basic, heuristically tenable, level.

Greenberg (1991), who has made a comprehensive effort to

address these issues, has also argued that there is an essential, conceptual role for drives, i.e., "to fill in the indeterminacy of the wish model" (p. 55). He trenchantly observes that theories that have attempted to eliminate drives inevitably embody constructs which serve the same conceptual function. Relational theories embody an implicit drive to relate. The problem thus lies in establishing a fundamental conceptual basis for organizing and giving hierarchy to motivation. He describes drive as "a characteristic of mind (even of human nature) that underlies all particular motives and through which stimuli acquire meaning" (p. 118). I believe he comes closest to the conceptual grounding I am advocating in the parenthetical reference to "human nature." However, his focus on critiquing any somatically based drive concept appears to have led him to take this no further. He states, quite correctly in my view, "There is nothing in physiological data that can, even in principle, address the hierarchy of meaning that psychoanalytic theory needs to confirm its hypotheses about 'basic motivations' " (p. 113). For it is evolutionary imperatives and not neurophysiology that fundamentally determine motivation, which is secondarily mediated through neurophysiology. Neurophysiology is a proximate, not an ultimate cause. *A drive model based on evolutionary principles is fundamentally grounded in a related biological science and thus offers a conceptually sound basis for organizing and "giving hierarchy" to motivation.*

Current Concepts in Modern Evolutionary Theory

It is important to note that evolutionary biology is a scientific field with its own history and disagreements. As noted by Mayr (1991), "Darwinism . . . is a highly complex research program" (p. 143). Nevertheless, a central tenet of Darwinian theory, evolution by the natural selection of properties and behaviors that ensure individual survival and reproduction, is well established and generally accepted (Dennett, 1995; Maynard Smith 1989; Mayr, 1991). There have been differing theories as to the level of selec-

tion—species, individual, or gene—which have possible implications for a postulated drive concept. Group selectionism (Wynne-Edwards, 1962) has not stood up well to observation and logical (mathematical) analysis, although, in the form of species selectionism, it has been revived as a possible mechanism of change in the theory of punctuated equilibria (Gould, 1980; Gould and Eldredge, 1993). This theory holds that there are long intervals of evolutionary stasis punctuated by brief periods of change associated with the splitting of lineages. In this process natural selection operating on properties of a species rather than of the individual has been suggested as a possible mechanism of change. Should species selectionism come to be regarded as the dominant mechanism in evolution, I believe this would have implications for a psychoanalytic drive theory as it would tend to reduce the current primacy in evolutionary theory of competition between individuals. Adaptive behavior would be to the benefit of the group rather than of the individual.

However, this development does not seem likely at present. Species selectionism is inevitably a weak selection force compared to individual selectionism as "the origin and extinction of species are rare events compared to the birth and death of individuals" (Maynard Smith, 1989, p. 154). Furthermore, species selectionism would seem unable to explain complex adaptations, as it would require the improbable concomitant advancement of many parallel adaptive trends in a group occurring simultaneously, with the group becoming reproductively isolated from other groups and then being selected over the others. All this is more likely in individual selectionism in which the rate of selection is rapid and there is no shortage of genetically isolated entities.

More recently, selection at the level of the gene has re-emerged as a prominent theory (Dawkins, 1976, 1978, 1982). A central proposition of this approach is that "[a]n animal's behavior tends to maximize the survival of the genes 'for' that behavior, whether or not those genes happen to be in the body of the animal performing it" (Dawkins, 1982, p. 233). The presentation of relationships is one where manipulation and countermanipulation

are pivotal. In this model, for example, altruistic behavior is more appropriately regarded as the "manipulation" of one individual (altruist) for the advantage of the genes determining the manipulative behavior in the other (pp. 57, ff.). This selection level has been espoused in the theory of neutral mutations (Kimura, 1985), which is sometimes promoted as a challenge to Darwinian evolution. This theory, which holds that certain mutations become fixed randomly rather than through selection pressures, raises an old evolutionary debate concerning the relative importance of random change (genetic drift). While random change at the molecular level is agreed to occur, it usually has no phenotypic effect and its role appears limited (Maynard Smith, 1989). Furthermore, neutralists themselves agree that the basic mechanism for adaptive evolution is natural selection (acting at the level of the gene).

Gene selectionism also accounts well for so-called outlaw genes which appear to replicate themselves at the expense of the rest of the genome. They achieve replicatory success by lateral spread within the individual rather than by facilitating the individual's reproductive success. However, this mechanism appears to be very much the exception, as genes for reasons that remain unexplained, generally follow the orderly rules of meiosis. Consequently, as the predominant way a gene increases in frequency is "by making the organism in which it finds itself more likely to survive and reproduce" (Maynard Smith, 1989, p. 60), the focus remains on adaptive behavior in the individual. (In fact, gene selectionism and individual selectionism appear to be reciprocal views of evolution.) It is this generally accepted approach that I will be using in the discussion that follows. On the basis of there being an established biological principle, I think it is reasonable to attempt the formulation of a psychoanalytic drive concept based on that principle.

The evolutionary principle which currently predominates among biologists is that of "inclusive fitness" (Hamilton, 1964). "Natural selection will favor organs and behaviour that cause the individual's genes to be passed on whether or not the individual is himself an ancestor" (Dawkins, 1982, p. 185). This is a wider

definition than the more familiar "classical fitness"—"the prop-
erty of an individual organism often expressed as the product of
survival and fecundity" (p. 183). The more inclusive definition
allows for behavior which will favor survival of copies of an indi-
vidual's genes occurring in relatives who are not descendants.
Naturally, genes which motivate behaviors that increase inclusive
fitness will spread in the population, and those that do not will
tend to disappear. All living individuals are the beneficiaries and
the bearers of the success at maximizing inclusive fitness in a long
line of ancestors. From the evolutionary perspective, close genetic
relationship is associated with shared interest, and there is, of
course, considerable convergence of interest between parent and
child. However, even in this case, where fifty percent of the geno-
type is shared, there is not congruence of interest. The individual
child or parent is a distinct genetic entity and "shares" one hun-
dred percent of its own genotype, setting up inevitable conflict
between them. The implications of this were first elaborated in a
classic paper on parent-offspring conflict (Trivers, 1974), and fur-
ther elaborations of maximizing inclusive fitness and the strategies
involved have become a central focus in evolutionary biology.

Accepting that evolutionary principles apply to us, the question
arises—what can we make of the way that genetic endowment
enables and leads, or impels us to behave in accordance with those
principles? More specifically, what can psychoanalysis, which of-
fers a unique perspective in depth on the psychology of human
motivation, contribute to the elucidation of this great question?
This is a fundamental issue, reciprocal to the heuristic guiding
function, involved in a drive theory or endogenous motivation
theory or whatever we choose to call it.

Implications for Psychoanalytic Theory

The interactions of early life play a vital role in the development
of mind. As the most basic element of this interaction, the mother-
child relationship understandably receives a great deal of atten-
tion by those interested in the genesis of the psyche. The mother-

child "matrix" is often postulated as the locus of the genesis of the drives (e.g., Loewald, as noted above). In terms of evolutionary genetics it is accurate, if schematic, to regard this relationship as an interaction between an immature organism, genetically programmed to mature and survive through adapting to its environment (mother), and one (mother) who is in turn designed to survive by first propagating and then acting to increase the probability of survival of her own genetic continuation (baby). In focusing on mother, I do not underestimate the roles played by others, notably father and siblings, for whom evolutionary schema also exist. A formulation such as Loewald's, *which is a core concept in relational models*, evades the innate adaptive genetic agenda of the individual child (and by implication, of everyone). This evasion results in detachment from the powerful heuristic guide of the principles of natural selection.

The working motivational system in the classical view is the pleasure principle which determines the compromises formed between wish, fear, defense, and gratification. In self psychology, needs of the self, expressed as selfobject functions are the primary motivations. Other attempts to elaborate the ontogeny of motivation have included affect theories (Kernberg, 1982; Stolorow, 1986; Stolorow, et al., 1987), and more recently there has been a trend toward multiple motivational systems (Lichtenberg, 1989). However, a concept of motivation based on evolutionary principles addresses the more fundamental issue: to what end are these wishes, affects, or motivations organized and thus offer the prospect of ordering the burgeoning list of motivations? Such a concept captures the inherent directedness consonant with inclusive fitness that underlies all particular motivations.

There are significant implications to the inclusion of such a drive concept. Inclusion leads to a definite view of relationships and psychopathology. It incorporates the conflict, regarded by evolutionary theory as inherent in even deeply mutualistic relationships, in which, despite the great sharing of interest (in the evolutionary sense), there is never congruence and *conflict is inevitable*. Even in the deeply mutualistic mother-child relationship

there would not be congruence of interest. Consequently, whereas conflict would be mitigated or exacerbated by variations in empathic response, it could not be eradicated. Those theoretical schools which exclude such a drive concept or conceptualize drives as *originating* within a relationship (even when affects are conceded to be endogenous), or which consider as significant only the individual meanings of "drives" within the context of a person's life or analytic relationship, would all appear to risk the evasion of these fundamental factors.

I think most psychoanalytic schools would agree that there are behaviors motivated by aggression which have a defensive or retaliatory function. Such retaliatory aggression is compatible with the principles discussed. But this is equally true of aggressive behavior which has a proactive nature, i.e., aggression *initiated* to achieve self-advantageous ends. This may be seen in the case of aggression toward a rival exclusive of any hostility displayed by that individual. Indeed, that individual may be a loved and loving object. However, the perception of him or her as a rival would evoke aggression. Many patients and probably many people, find it difficult to acknowledge the latter group of aggressive wishes, finding it easier to couch them in reactive or retaliatory terms. (This may be particularly true for women in whom the indirect expression of aggression—for cultural and natural reasons—lends itself especially well to being so camouflaged.) This could have important clinical significance. To believe that aggression (death wishes toward a rival) is purely reactive may at times be to collude with a patient's defenses. Relational and self-psychological theories are powerful in their focus on the reactive component—aggression as a consequence of empathic or environmental failure. But to the extent that these theories de-emphasize the innate motivation to gain advantage, even within a parent-child or other familial relationship, they would seem to be incompatible with the principles of natural selection. From the psychoanalytic perspective this incompatibility thrives in the absence of an evolutionarily based drive theory. Of course, self-interest entails behaviors which are motivated to promote connectedness and mutuality. The point I

am making here is that these latter motivations seem in less danger of being eclipsed in our personal account of ourselves than do the "selfish" aggressive motivations discussed.

Relational theorists have traditionally taken a firm antibiological and antidrive stance, although, as noted by Slavin and Kriegman (1992, p. 50), theorists from Kohut to the strongly antibiological and antidrive intersubjectivists like Stolorow and Lachmann have always made implicit biological and evolutionary assumptions in their work. It is difficult to theorize without doing so. Recently, however, there has been a more direct acknowledgment of the importance of biological underpinning. For example, Mitchell (1993), who has written cogently about these issues states, "Thus, to characterize aggression as a response does not minimize its biological basis; rather, the biology of aggression is understood to operate not as a drive but as an individually constituted, prewired potential that is evoked by circumstances perceived subjectively as threatening or endangering" (p. 161). When stated thus, the difference between drive and "evoked potential" is again the inference that if not threatened or treated badly, we would not behave aggressively. However, to acknowledge that aggression is a genetically endowed capacity, a "prewired potential" for dealing with frustration and danger (which, I would add, are universally encountered in the environment starting from the mother-child relationship, let alone the wider world of "slings and arrows"), is to acknowledge that aggression is an endogenous, ubiquitous adaptive mode having survival value and seen from earliest life. This, including the proactive element, is the sense in which I am suggesting that the concept of drives be understood.

Furthermore, to acknowledge that aggression (or sexuality) is biologically mediated, or has a basis in biology is to acknowledge only the proximate explanation (which has its values)—i.e., it is in fact neurobiological structure and the laws of biochemistry that mediate aggression (and sexuality) as they must mediate all motivation. However, this does not constitute an attempt at an ultimate explanation of why our biology is so arranged. A theory of

drives having evolutionary adaptive value does not avoid these
questions and at this time seems to interface most compatibly with
the only coherent scientific theory that does give a cogent answer
to them. To return as promised to the question of why conscious-
ness arose, subjective awareness too is postulated to be an adaptive
development. In a highly social and intelligent species, subjective
awareness, allowing for a more skilled self-reading as part of the
individual's representation of his/her relationship to others
would be strategically most advantageous and therefore adaptive
(Humphrey, 1986).

Toward Formulating a Drive Concept

Regarding a theory of drives, psychoanalysts do not need to be
reminded of the complexity involved, nor from their end do evo-
lutionary biologists. In our species, intelligence, culture, and
learning also play an essential role in determining motivation.
Biologists and anthropologists, who had prudently kept to their
own fields in evaluating evolutionary outcomes in animals and
early humans, are becoming increasingly involved in the elabora-
tion of the role and manner in which genetic endowment plays
out in human motivation and behavior. They, too, are prone to
the oversimplifications that are so tempting in this area, as is seen
in much sociobiological theorizing. It is worth noting that psycho-
analytic concepts are being referred to in the new field of "evo-
lutionary psychology" (Wright, 1994). However, they are incom-
pletely understood and often deprecated. The result is an at-
tempted formulation of human motivation in depth, inclusive of
evolutionary principles, which is highly reductionistic. As psycho-
analysis has unique access to the full range of the psychology of
human motivation, it seems likely that it would have much to
contribute, both in furtherance and in restraint of this increas-
ingly active field. This burgeoning interest contrasts with the cur-
rent relative lack of interest in these topics among psychoanalytic
theoreticians.

A significant effort to address these issues has been made by Slavin and Kriegman (1992). Using the concept of inclusive fitness, they have advanced "an evolutionary psychoanalysis" (p. 274), which maintains the emphasis of relational models on mutualistic aims, while including what they regard as the "selfish aims" of classical theory. Their work is noteworthy and important both for its evolutionary sophistication and because, based in the self-psychological model, the authors recognize the tendency of relational models to present a hermetic, overidealized view of human psychology. Thus they are sympathetic to the need for "classical" drives. However, I believe they are hampered by working with the older, defunct concept of drives critiqued earlier in this paper. A problem with the synthesis they are striving for is that it is relatively removed from psychoanalytic data and correspondingly closer to evolutionary biological theory. Referring to the evolutionary biological concepts of kin selection, reciprocal altruism (Trivers, 1971), and parent-offspring conflict theory (Trivers, 1974), Slavin and Kriegman (1992) contend that it is "the recent, crucial developments in the evolutionary theory of mutuality and conflict in nature. . . . that have made possible a sophisticated analysis of motivation in social creatures such as ourselves" (p. 40).

While psychoanalytic theory should not be incompatible with evolutionary theory, I believe most analysts would hold that it is psychoanalysis, not evolutionary biology, which offers a sophisticated analysis of human motivation. To argue otherwise is to greatly increase the risk of reductionism as well as the likelihood of arriving at a sociological theory of *interpersonal* adaptive behavior and conflict remote from *intrapsychic* dynamics. This highlights a problem with significant implications: that of hewing too closely to evolutionary (or biological) thinking. Evolutionary theory is currently concerned with establishing adaptive strategies (evolutionarily stable strategies) for which mathematical game theory is utilized to determine which strategy is statistically likely to have succeeded and therefore to have evolved. It is tempting to apply this to a human behavior, such as "altruism," for which an

"evolved deep structure of our psyche" can be postulated (as is done by Slavin and Kriegman, 1992, p. 97). Humans *can* be regarded as having adaptive strategies, and they do have evolved deep mental structures—as for language acquisition. A key issue, in which many scientific disciplines are engaged, involves consideration of how discrete the evolved genetic givens are. However, the intricate response to the fascinating question—what *subjectively* motivates a person as he or she behaves in accordance with evolutionary design?—inevitably fades from the biologist's focus and, ephemeral as it may be, reappears less elusively in the perspective of psychoanalytic observation. I would contend that psychoanalysis, with its unique perspective on the psychology of motivation, has a significant, localized role to play in this important understanding, provided it maintains compatibility with natural science, stays with its data of observation, and overcomes its methodological validation problems, an issue which is being addressed.

I believe that psychoanalytic observation supports the view that a significant part of the struggle and conflict associated with pursuing self-interest occurs within the mind of the individual—intrapsychically. The motivations discussed thus far from the evolutionary aspect play out psychologically in the desires (drive-derivatives), associated pleasurable and unpleasurable affects, and defenses making up the compromise formations familiar to psychoanalysts. In dealing with genetic endowment, it is worth mentioning that genetic factors also probably play a role in the variation that exists in the different components of mental compromise formations—for example, in the intensity of, or propensity for experiencing, certain affects, such as anxiety, depression, or embarrassment. These "constitutional factors" play a vital role in the actual compromises formed. Furthermore, there is evidence suggesting that even less discrete traits of personality are heritable, e.g., altruism, nurturance, aggressiveness (Rushton, et al., 1986), shyness, curiosity, engageability (Neubauer and Neubauer, 1990). They too will play a part in mental compromise formation. *However, in elucidating the psychology of human motivation, it is only a psychological concept of drives which captures the innately endowed, self-*

enhancing motivational push compatible with evolutionary theory while at the same time being consonant with the intrapsychic dynamics of psycho-analytic observation. It is possible that future research will more clearly establish a delineated set of heritable dispositions from which a more specific theory of evolutionarily based motivations consonant with psychoanalytic observation can be elaborated.

From the psychological perspective, familiar mechanisms, such as narcissistic identification with a child or similar gratifying compromise formations, play a large role in the realization of these motivations. This explains the love and investment in an adopted child, in starving children, or in a beloved pet (unconsciously identified as a child) in whom the investment confers no direct genetic advantage. Conversely, certain fantasies and identifications could make investment in even a direct descendant less gratifying; the love for that child would be compromised. This illustrates an interesting parallel between psychoanalytic observation and evolutionary theory. It has been postulated by biologists that reciprocal altruism (i.e., altruism between nonrelated individuals), which is an evolutionarily stable strategy once established but whose initial establishment is hard to understand, is likely to have arisen out of cooperation among genetically related individuals (Maynard Smith, 1989). In psychoanalytic theory the transference of early (primary) attachments to love objects (most probably genetically related) onto other, later objects is, at least, analogous. The innate ability to form loving attachments and the development of trust first occur among close relatives in both models.

Should the mutualistic motives and the need for a coherent vital self be regarded as fundamental drives? I think that psychoanalytic data often enough reveal altruism to be part of a compromise in which the avoidance of guilt (or other unpleasurable affect) over some wish is prominent. Altruism appears to be complex psychologically, as pointed out by Anna Freud (1936). Regarding the sense of the self, I would agree with Grossman (1982) that it is a complex fantasy made up of multiple basic determinants: drive derivatives, affects, defenses, and I would include awareness of

bodily states (Damasio, 1994). On the basis of the evolutionary
principles discussed, however, I think that the postulate of a drive
for the basic need for object attachment on the one hand and the
sexual and aggressive drives on the other is tenable and that a
comprehensive model incorporating these is conceivable and wel-
come. It is significant that the concepts of drives for sexuality and
aggression as well as for object-seeking have emerged organically
out of years of theoretical and practical psychoanalytic endeavor.
They have shown a robust ability to survive as well as being highly
adaptive in use. They are not only compatible with evolutionary
theory but are relatively simple and elemental. I would suggest
that these factors recommend them as suitable working candi-
dates for specific, innate drives.

Classical approaches, ego psychology, and modern conflict
theory do give importance to the innate need for object ties in the
concept of the first two calamities of childhood (loss of the object
and loss of love), while emphasizing the other innate motivations
(sexual and aggressive) in the form of drive derivatives (instinc-
tual wishes). The latter has proven a powerful conceptualization,
in that it allows close attunement to the psychological vicissitudes
of sexual and aggressive motivations as they play out in wishes.
However, the classical models have not developed as rich a por-
trayal of mutualistic aims (having to import supplements from the
relational paradigm), perhaps because the concept of calamities is
too static. Relational schools, which have developed powerful
models of mutualistic experience, allowing close attunement to its
vicissitudes, have interestingly excluded a drive concept other
than a drive to relate. *In the case of both approaches a drive concept has
been associated with a rich theoretical development.* The danger in the
classical drive approach has been the creation of a reductionist
theory in which mutualistic aims are reduced to a static position,
merely something not to be lost. On the other hand, the relational
approach risks the creation of an insular, overly ideal concept of
human motivation. According to the principles discussed, we are
not simply motivated to form and maintain attachments: we each
have an agenda and utilize these attachments to implement it.

Conclusion

I have argued that, at the present time, the advantages of including a drive concept overshadow the disadvantages. An area of uncertainty lies in the developments within evolutionary theory itself. As discussed, a generally accepted, robust doctrine has been well established which I have used in developing the ideas in this paper. However, it is the connection to evolutionary biology which is important and this connection may well lead to revisions, conceivably radical, to any psychoanalytic drive concept. A more specific model of evolutionarily based motivations may be developed. A second issue involves the application of evolutionary thinking to our species in whom intelligence and culture play such essential roles. This is obviously intricate. However, the application seems scientifically timely. This is an area of intense interest and increasing activity which has spread from evolutionary biology through anthropology to psychology. I have proposed that psychoanalysis has a unique perspective from which to make an essential and constraining contribution to this enterprise provided it maintains compatibility with it. Thirdly, any postulated drives would remain just that until some form of validation or invalidation (a statistical analysis of the wishes of many patients?) were possible. This is a formidable hurdle but one that a drive concept is not alone in facing in the general endeavor of elaborating psychoanalytic theory. In many ways the real issue is not whether there is a drive for attachment or drives only for sexuality and aggression or what the drive concept may evolve into. The vital issue is that we develop a comprehensive account of ourselves, an account strong in integrity and therefore free of evasions. On the basis of our present knowledge, *a concept of drives is the most cogent way of incorporating evolutionary principles into a comprehensive, psychoanalytic theory of motivation.* The conceptual wealth of the neoclassical and relational models would be vital and integral parts of such a comprehensive theoretical model; a model consisting of interrelated concepts, not mutually incompatible, nor incompatible with natural science.

In summary, I have stressed the fact that Freud was centrally concerned with incorporating evolutionary principles of adaptation into psychoanalytic theory through his formulation of a drive theory, but that fallacious energic concepts and phylogenetic over-simplifications hampered this endeavor. Valid criticism of drive theory became amalgamated with criticism that Freud is felt to have underemphasized certain areas of mental life. In the rich conceptual growth that has followed, a theory of drives has fallen into disfavor. However, a drive construct appears to play an essential conceptual role of giving direction and hierarchy to motivation. I have stressed the necessity for including the facts and principles of evolutionary biology, of adaptation by natural selection, in our theory-making and have emphasized that a psychological drive concept best captures the innately endowed, self-enhancing motivational push compatible with evolutionary principles, while at the same time being consonant with the intrapsychic dynamics of psychoanalytic observation. Incorporating these principles as cogent theoretical postulates is a crucial part of maintaining a link to the natural sciences and thereby to our involvement in the great enterprise of elaborating a comprehensive psychology. To exclude these concepts is to promote a detachment from our involvement in the natural sciences and to lose a powerful heuristic guide for our theoretical endeavors.

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Integrating One-Person and Two-Person Psychologies: Autochthony and Alterity in Counterpoint

James S. Grotstein

INTEGRATING ONE-PERSON AND TWO-PERSON PSYCHOLOGIES: AUTOCHTHONY AND ALTERITY IN COUNTERPOINT

BY JAMES S. GROTSTEIN, M.D.

The classical psychoanalytic concept of the one-person treatment model and its assumptions concerning psychic reality are compared with the contemporary two-person model, subsumed under the concept of "alterity" (otherness). The classical model of unconscious mental life is explored in terms of the principles of "autochthony" (signifying the fantasy that self and object are created entirely from *and* by *the self) and "cosmogony" (an aspect of primary and secondary processes that accounts for the creation of a personal and an objective world-view). Autochthony and cosmogony are subsumed under the category of "creationism." I discuss why I identify these three phenomena by these relatively unused terms.*

> In his sleep, Vishnu dreamed the Universe.
>
> THE BHAGAVAD-GITA

The Single World-View of Autochthony versus the Dual World-View of Alterity (Otherness)

The focus of psychoanalytic theory and practice has shifted from the one-person model to a two-person model, leading to an

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emphasis on external reality as a more significant partner than has been heretofore considered. As a result, however, some fundamental canons of psychoanalysis need to be reassessed, particularly *psychic determinism,* since that concept has been so predominant in orthodox, classical, and Kleinian thinking. I believe that the required reassessment will be facilitated by the introduction of two concepts: *autochthony* (born from the self-as-ground) and *cosmogony* (the technique of narratology whereby the primitive aspect of the personality employs primary process in the form of projective identification in order to claim an event as personal, thereby making it the individual's own experience). Put another way, the processes of libidinization and aggressivization are ways of projectively—and then introjectively—*personalizing* the data of emotional experience insofar as they declare that one cares or has been personally affected by events. *Autochthony* (the fantasy that the self is defined by its self-creation and its creation of external objects) exists in a dialectical relationship with *alterity* or Otherness (the fantasy and eventual recognition of the creation and defining of the self by external objects). Put another way, autochthony designates omnipotent self-creationism and is dialectically counterposed to intersubjectivity, the latter entailing the realization of the absence of omnipotence and dependence on the other. *To me the importance of the concepts of creationistic autochthony and cosmogony lies in the ways they constitute obligatory forerunners of thinking. Freud (1911, p. 221) stated that thinking is trial action. The archaic antecedents for this trial action can be thought of as fantasies in which concrete images of objects are created and then choreographed as rehearsals for formal symbolic thought.* My use of the concepts of creationistic autochthony and cosmogony is inspired in part by Winnicott's (1971d) conception of creativity which I seek to extend.

In the transition from the dominance of the one-person model to that of the two-person model that appears to be occurring in our psychoanalytic *Zeitgeist* (in the name of relationism, interactionism, and/or intersubjectivity, all of which I collectively include under the term "alterity" or otherness), I believe some important and hitherto underdeveloped aspects of the one-person model are

in danger of becoming lost. The newer emphasis that psychic reality owes its origin to actual events in the individual's life is beginning to eclipse the older theory of psychic determinism. My contention is that the current obsolescence of the theory of psychic determinism results significantly from the fact that the theory was never adequately explicated. In the following, I will attempt to redress that problem.

Creationism: Autochthony and Cosmogony as Preludes and Accompaniments to Alterity

The putative origin of *psychic reality* lies in the functioning of the instinctual drives which, according to Freud (1916-1917), operate on the principle of *psychic determinism,* to which Freud accorded primacy in mental life. Klein (1946, 1952) furthered the idea of psychic determinism with her concept of *projective identification,* i.e., the infant has an unconscious fantasy in which (s)he modifies the perception (and therefore the experience) of the object. Bion's (1959, 1962, 1963) concept of *container and contained* and *alpha function* constituted an elaboration of the creative aspects of projective and introjective identification. Winnicott (1960, 1969, 1971a, b, c, d, e, 1989) closed the gap with his conceptions of the *spontaneous gesture,* the creation of the *subjective object, object usage,* and *playing.*

Playing, in particular, is central to my thesis. The individual from infancy onward must creatively "play" with the event-objects which (s)he encounters in order to establish the "play" that (s)he can tolerate. In this creative act of play, (s)he "creates" the event-object as a *subjective object of spontaneous illusion* in order to establish a cosmogonic order or coherence. (S)he then must, through *object usage,* "destroy" the illusional subjective object in order to discover the Otherness of the other—the real object that (s)he has not affected, the real object that is beyond the range of the child's putative creationism ("Now through a glass darkly, then face to face"). Thus, the creational functions of autochthony and cos-

mogony define the difference, for example, between the *event* or *stimulus* and the *personal experience*. In trauma, the stimulating event occurs before one can have "created" it. Therefore, one succumbs to trauma as a personified victimizer who not only defines the victim but indeed "creates" the victim.

In this contribution I seek to integrate all the above contributions and include them under the concepts of *autochthony* and *cosmogony*, which in turn belong to the larger concept of *creationism*.[1] Creationism (autochthony and cosmogony) can be thought of as *dreaming* if we use that concept in a framework that transcends the traditional employment of that term. Dreaming, as I am employing it here, can be equated with Bion's (1962) concept of alpha function, or what he otherwise termed "dream work alpha" (Bion, 1992), a function that operates in waking as well as in sleeping mental life which orders and transforms events into personal experiences as "alpha elements" that can be mentally processed.

Psychic Determinism versus Autochthony and Cosmogony

Psychic determinism was originally considered to be absolute insofar as the drives that irrupted into the ego were believed to be the prime determinants of intentionality and behavior. The concept of autochthony, the creative aspect of projective identification, when considered in conjunction with cosmogony, the creation of a cosmic or world-view, adds a relative aspect to psychic determinism. In this second mode the infant gives order and coherence to his/her chaotic world of internal impulses and external stimuli. Contrary to Freud's (1905) pronouncement that the ego is first and foremost a body ego, I hypothesize, following

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[1] I am prepared to risk the criticism of proffering a term that has long been associated with Christian fundamentalism and its literal reading of the Old Testament, a religio-philosophical belief system that contrasts with Darwinian evolutionary beliefs. The perspective pushed forward in this contribution favors an integration of both—*but with an emphasis on the former*, in terms of early psychological development.

Tausk (1919), that the infant is born as a psyche and "owns" his/her body through discovery by identification through projection. I therefore wish to call attention to the possibility of three different considerations: (a) *absolute psychic determinism* (the actual irruption of the drives); (b) *primary autochthony* which constitutes secondary or relative psychic determinism (the infant's personal acceptance of the drive experience or incompletely differentiated outside stimulus that evokes the drive, either of which is transformed into his/her own creation so as to mediate and order his/her otherwise random or chaotic world); and (c) *secondary autochthony* (in which the infant defends against a differentiated traumatic external experience by claiming retrospective responsibility as agent—e.g., Fairbairn's [1943] "moral defence").

Alterity, the awareness of the Otherness of the object, which presupposes separation and individuation (Mahler, et al., 1975),[2] normally enters the psychic reality of the infant when object constancy (Fraiberg, 1969) has been achieved, at which time the object is internalized as a symbolic representation, no longer as an internal object, the latter of which always indicates self-object confusion. Thus, the alterity (Otherness) of the object can normally influence the infant to *adjust* to the separate world—or pathologically to *comply* with it as a source of impingement or trauma. The infant's ability to discern the object's effect upon him/her depends on his/her capacity to be separate and individuated; otherwise, the origin and sense of responsibility for the external trauma from the object is, in default, "owned" by the infant's creative autochthony and cosmogony.

To return to the concept of absolute psychic determinism, orthodox and classical analysts interpreted the vicissitudes of the expression of the drives and the ego's defenses against the irruptive expression of the drives. In both cases the drives were considered absolute and peremptory. Autochthony involves the "ownership" of the drives as a creative forge for ordering—after first creating—the world of objects from projective attributes of the

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[2] See also the work of Trevarthen (1980) and Stern (1985).

self. *In clinical application this would mean that the analyst would not interpret the drive or the defense against the drive per se; instead, (s)he would interpret the patient's own "interpretations" about his/her mental content. Put another way, the analyst would interpret the patient's own unconscious beliefs (fantasies) that constitute his/her internal and external world-view.* The focus is thus shifted from absolute psychic determinism to the relative consideration of the patient's unconscious belief that (s)he is the putative creator of all things—yet, paradoxically, realizing simultaneously that (s)he may *not* have been the originator of the event.

It is my thesis that every human being experiences psychic determinism (absolute intentionality) as a fantasy, but in addition has a need to own the events that have an impact on his/her life in order to personalize and "claim" his/her "karma" before being able to contemplate that (s)he had little or no control over the situation. Thus, the inchoate infant would experience that (s)he is *fated* by his/her absolute determinism. As (s)he begins to "own" his/her feelings of determinism, they become cosmogonically autochthonous, and (s)he then feels *destined* rather than *fated* (Bollas, 1989). Trauma from this perspective would result from the occurrence of an event of great impact that one could not have "created" in time; one would therefore become overwhelmed by its utter externality without this personalized, mediating preparation. Autochthony, along with cosmogony, consequently constitutes a prophylactic against the impact of trauma. Thus, autochthony (primary and secondary)—in addition to cosmogony—is interposed between the putative trauma of peremptory drive irruption, on one hand, and the intrusion of overwhelming stimuli from the outside, on the other. Autochthony and cosmogony mediate those two poles of trauma.

The Cosmogonic Principle (Instinct) and Psychic Determinism

The cosmogonic principle can be understood as the function of the need to order chaos. It constitutes a "postmodern" com-

plement to Freud's "modern" conception of psychic determinism, which asserts that events in reality are due to the discharge of the drives (orthodox/classical) or object-seeking (Klein/object relations). The cosmogonic principle involves the use of primary process (particularly dream work) and later secondary process (or Bion's [1959, 1962] "alpha function," which embraces secondary as well as primary process) to codify ("alphabet-ize") the chaotic data of emotional experience in order to achieve two tiers of meaning. The first is a phantasmal or mythic account, and the second is "realistic." The cosmogonic principle operates in an attempt to create, first, a *personal* (autochthonous) cosmology and, second, an *objective* one. From this perspective, autochthony, primary process, libido, alpha function, and/or dream function alpha are equivalent terms for the functioning of what one may also term *the epistemophilic instinct or principle*.

Unfortunately, "psychic causality" and "realistic causality" can be confused. Freud's first theory (1905, 1920) of psychic determinism was based on the activity of the instinctual drives. His second theory involved the registration of trauma, which perforated the *Reizschutz* (protective shield) and functioned thereafter under the control of the repetition compulsion (since trauma was "beyond the pleasure principle"). Classical interpretations about trauma may focus (although not exclusively) on the patient's need to repeat the putative memory of the traumatic event in order to gain mastery of it. From a Kleinian perspective, interpretations may initially focus on how patients *believe that they (autochthonously) caused the trauma in an omnipotent psychic reality*. Relational analysts may choose to interpret the experienced *realistic* failures of the patient's (whole) objects to protect the infant/child, particularly in case of child abuse. Fairbairn (1952) complemented Freud's traumatic theory and Klein's theory of projective identification (primary and secondary autochthony) with his concept that the imperiled child reacts to trauma by introjectively identifying with the badness of the needed object in order to keep the object good, but he ultimately realigned his views with Kleinian autochthony.

He stated that infants undertake this introjective identification with the badness of the needed parents, not only out of compliant necessity, but also because of their belief that their love was bad from the beginning (the schizoid position) or that their hate was bad (the depressive position), thereby employing secondary autochthony.

Thus, my concept of primary autochthony applies to Klein's (1940) notion of the infant's world-view during the hegemony of the paranoid-schizoid position when part-objects and part-subjects (egos) constitute the infant's inner reality. My concept of secondary autochthony applies to Klein's (1935) notion of the hegemony of the depressive position when whole objects and subjects are operant, although pathological regression into part-objects and part-subjects may occur secondarily. Put another way, all psychopathology can be understood either as *intra*subjective (primary autochthony) or *inter*subjective (secondary autochthony).

The concept of a principle of *cosmogony* represents an attempt to establish a sense of personal cosmic order for the emotional events of one's life. Integrating psychic determinism with the principles of autochthony and cosmogony leads to my thesis that (absolute) psychic determinism constitutes our ineluctable Fate, that which exists before us, persists beyond us, and which is relentless, inexorable. It is within "me" (as the instinctual drives) and has impact upon "me," but yet is "not-I." Autochthony represents the self's assumption of the source and means of the creation of a personal cosmic order (like God). Autochthony permits the pleasure principle to become attached to one's narcissistic capacity to "claim" one's drives as one's own and become a self-determining self with a committed sense of personal agency (Stern, 1985). This process represents the infant self's epigenetic progression from fateful passivity and intimidation to active mastery over its destiny—prior to, or even simultaneous with, the acceptance of external reality. Thus, the progression is from "Fate determines me!" to "I am my fate and therefore determine my own destiny!" (Bollas, 1989).

Genesis Reinterpreted from the Perspective of Autochthony and Cosmogony

My own imaginative "Kleinian" rereading of Genesis illustrates the concept: God, the Infant, was born from the depths of His primeval Mother, but His Godliness, which represented his primary identification with Mother (i.e., infantile omnipotence) helped shield the fact of actual birth. Like all God-Infants, He believed that He had created everything that He opened His eyes to, including Himself first of all, then everything around Him, including His mother and father, Adam and Eve.[3] Being a demanding and therefore commanding God-Infant, He believed that Adam and Eve should be at His disposal and therefore forbade their having sex with one another (infantile attack against the primal scene). As time wore on, however, the God-Infant became more aware of His separateness and, along with this, He also realized His littleness, helplessness, and vulnerability—and His need for His parents to help Him. At the same time, however, He became aware that His mother, rather than being His solely devoted object, was involved in another relationship—and a passionate one at that—with His father. The knowledge of this other (sexual) relationship awakened the God-Infant to the fact of the primal scene, which produced a dark shadow on the whole phenomenon of knowing (thus the curse on the snake and the Tree of Knowledge) and terminated forever the illusion of innocence. With these awarenesses the God-Infant relinquished that omnipotence and grandeur (the Garden of Eden) which had shielded Him from the paranoid-schizoid position of persecutory anxiety and demonic travail. He entered penitently into the depressive position of reality ("east of Eden into the land of Nod"). This act of psychological weaning was reinforced by the fiery seraphim, who were forever to prevent His return—though the God-Infant would try over and over again in His imaginative fantasies to re-

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[3] Eve's birth from Adam's rib is yet another example of autochthony.

find the Garden by employing unconscious projective identification.[4]

The Infantile Neurosis (and Psychosis) versus Infantile Catastrophe (Trauma)

The mind employs primary and secondary mental processes in an integrative effort to register and process the traumatic and mundane events of daily life and also to consign those events to respective world-views. Primary process thinking is related to a personal, idiosyncratic, autochthonous cosmogony, and secondary process to a more objective, interpersonal world-view. The very capacity to be sanguine about our objective views about reality, i.e., to take reality for granted, depends in large measure on the cooperative and integrative complementarity of the opposition (not necessarily conflict) between the functioning of the primary and secondary processes. The first world cosmogony is essentially narcissistic (i.e., everything is seen as originating from within the self) while the second is interactive, intersubjective, and relational (i.e., the other person is seen as ineffably other than the self). Bion's (1959, 1962) concept of "alpha function" (or "dream work alpha" [1992]) applies to the primary process, and his concept of the "Grid" (1977) applies to the secondary process, but he states that alpha function is necessary to transform "beta elements" (the raw sensory data of emotional experience) into "alpha elements" (in a manner akin to the way glucose, amino acids, and fatty acids are required in the metabolism of food). This conception allows for a complementary mutuality between modes and emphasizes the normal, cooperative opposition between primary and secondary processes rather than their conflict.

When this concept is taken to its logical conclusion, it suggests

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[4] I first rendered this portion of Genesis in a similar manner in another contribution (Grotstein, 1981).

that all psychopathology is a function of the patient's relationships to part-objects (either autochthonized or traumatizing part-objects), not to whole objects, which are also subjects in their own right. The implications of this concept for relational, classical, and intersubjective analyses are important.

Psychic (Intrasubjective) Reality versus Objective (Intersubjective) Reality

The psychoanalytic concepts of *psychic determinism* and *psychic reality* are pivotal to my thesis. The emergence of an emphasis on intersubjectivity, on the two-person conception of psychoanalytic treatment, and the increased importance that has recently been assigned to countertransference phenomena seem to lead to more emphasis on psychopathology as being due to "realistic" abuse (trauma) by environmental objects and, by extension, the analyst's errors. This can be compared to the one-person model within a two-person situation in which all that happens or has happened to the patient in relation to object(s) is understood as being psychically determined *exclusively* by the patient's unconscious intentionality.

In this contribution I argue that realistic explanations are perceptual-intellectual theories that are experience-distant from the incompletely differentiated and individuated patient's inchoate subjective internal world and that they belong to the psychoanalytic technique of reconstruction *after all elements of unconscious determinism (putative unconscious intentionality— autochthony, cosmogony) have been dealt with!* Seen from another perspective and reasoning from the infantile situation, the infant cannot clearly conceive of or appreciate that what *we* call the external object is really external to its narcissistic (autochthonous) world-view. In other words, the infant has to await the ascendancy of the depressive position (Klein, 1940) or the stage of object constancy (Fraiberg, 1969) and must be able to exist separately from the object who is affecting him/her and be able to separate

the subjectivity of the latter from that of him/herself in order to appreciate or recognize that the trauma truly emerged from outside.

It is my belief, consequently, that the one-person model is a necessary accompaniment to the two-person model and that the principles of *psychic determinism* and *psychic reality* which inform the one-person model do so in terms of *autochthony* and *cosmogony* (personal ownership of one's psychic determinism). In contrast to this is the experience of the psychotic who is "owned" by his/her determinism because of disavowing the "power of attorney" over life and forfeiting a sense of agency.

As a consequence of the above considerations, I advocate a dual-track conception of psychopathogenesis based on: (a) the *infantile neurosis* (psychosis) which organizes the infant's unconsciously experienced fantasies about its relationship to its primal objects and regulates the conflict between its "narcissism and socialism" (Bion, 1992; Grotstein, 1995) and (b) the *infantile catastrophe* (Bion, 1962, 1963, 1965, 197●) which describes the impact of overwhelming externality before the infant (or even the adult) can have had the opportunity to have prepared for it by having initially (autochthonously) "created" it: i.e., the infant was taken by surprise.

The individual virtually from birth onward *orders* the random events of life, first by transforming them into *personal, subjective experiences* by *autochthonizing* ("creating") them, then by housing these autochthonized personal experiences in a fantasized cosmology (inner world of psychic reality) before finally deconstructing the "alpha-betized" elements of fantasies and dreams and reconstituting them into secondary-process, objective, symbolized thoughts. The individual initially personalizes events by *fantasizing* or *imagining* the objects and events in an autochthonous cosmogony before beginning to *realize* the impersonal otherness and disconnectedness of the objects of outer reality. There is always an external object to inspire this act of autochthonous, imaginative creation, but this external object is not initially recognized as distinctly other than the self because of the individual's inchoate

need creatively to personalize and therefore to "own" the object before releasing it to its own autonomous life agenda. *These two processes may seem sequential but may also occur simultaneously—or may even occur in reverse order. A realistic perception may initially occur that initiates a retrospective/retroactive autochthonous reworking of the reality of the perception so as to re-establish a personal cosmogonic sense of control, i.e., sense of agency and of responsibility. This is what I have elsewhere termed the "dual-track theorem"* (Grotstein, 1997b).

The concept of psychic determinism has been intimately linked with the instinctual drives, which, in turn, function via the pleasure/unpleasure principle (life instinct) and via the repetition compulsion (death or aggressive instinct). The principle of psychic determinism has been conceptualized as a kind of lowest common denominator of human destiny and fate; other factors have been reduced to modifications of its expression. I believe that a parallel conception of "psychic creationism" both harmonizes with and expands the purview of psychic determinism. "Psychic creationism,"[5] in turn, devolves into the principles of *autochthony* and *cosmogony*. I believe that, along with the libidinal and aggressive drives, we can also consider the concepts of: (a) a *creative* drive, which then devolves into (b) an *epistemophilic* or *exploratory* drive, both of which then become (c) cosmologically organized into a world-view (*Weltanschauung*) by a cosmogonic drive. The world-view is initially autochthonous, i.e., solipsistic or personal, but it sets the stage for and becomes the foundation of a more realistic version of reality. Implicit in my conception of the epistemophilic or exploratory instinct is the idea of an inherent impulse to *play,* as Winnicott (1971c) suggests.[6] It also includes Klein's (1935, 1946, 1952) interesting view of the epistemophilic instinct which operates through

[5] The concept of psychic creationism, originated with Plato (Jowett, 1892), found expression in the work of the thirteenth century Christian mystic, Meister Eckhart (Fox, 1980; Sells, 1994) and re-emerged in the work of Heidegger (1927).

[6] Yet we must not forget that Freud (1911) stated that thinking amounted to trial action or a kind of play. Trial action consequently becomes the common denominator of both autochthonous *and* objective data processing.

projective identification (as well as the other schizoid mechanisms: splitting, magic omnipotent denial, and idealization) and which involves a process of *personification* deriving from projective identification and animating the projected aspects that are then perceived outside the self as well as inside. I suggest, then, that we reassess the id and the unconscious that hosts it as other than primitive and, in fact, recognize it as a highly sophisticated "alter ego" to the ego.

The principles of autochthony and cosmogony are exemplified in the following vignette. A patient reported that when he was three years old, he witnessed his father's injuring himself in a small accident in the kitchen. The boy heard his father's exclamation of "Ouch" and immediately retorted, "I'm sorry, Daddy, I won't do it anymore!" This poignant incident can be understood from multiple points of view. Under the principle of *psychic determinism* the young future patient may be seen as having harbored unconscious aggressive wishes toward his beloved father and as having therefore displaced (projected) his wishes into his perception of the occurrence. Through *selective introjective identification of authorship* of the event, however (as described by Fairbairn [1943]), he may have tried to spare his father from being perceived as wounded. Thus, the child assumed an *autochthonous (omnipotent) ownership of the psychic causality* of the event and constructed a cosmogonic fantasy to make the event conform to a psychic cosmology that orders and mediates a potentially traumatic random/chaotic *event* by converting it into a *personal and personalized experience* that is under the the control of his own omnipotent reparative efforts. In the process, a *psychic reality* emerges that is organized not only by psychic determinism but also by the child's attempt to "autochthonize" a personal world-view in which he is the God-Creator and therefore the master of all that happens—so as to achieve the illusion of mastery, control, and personal agency (Stern, 1985). It is through these processes that we transform the data of both ordinary *and* extraordinary (e.g., traumatic) *events* into *personal* and *objective experiences*. Psychoanalytic treatment can be understood from this point of view as being

dedicated to the establishment of a reconciliation between the personal and impersonal points of view.

*It is not so much that the drives actually **determine** psychic reality as it is that, due to the creative principle of autochthony, **one believes one has already created it**. An **event** (stimulus) is not the same as an **experience** (psychic response); the former is transformed into the latter first as a **psychic reality** (primary process and autochthony) and then as a **symbolic representation** (secondary process and intersubjectivity). There is a parallel difference between an **explanation** and a **subjective interpretation**, and I believe that **autochthony**, whether **primary** or **secondary**, is the primary and underlying element in psychoanalytic discourse.*

Background of the Concept of Psychic Reality

Freud first referred to a distinction between psychic and external (or in later works, "factual" or "material") reality in his *Project* (1895, p. 373). He again refers to it in *The Interpretation of Dreams* (1900, p. 620), *Totem and Taboo* (1913, pp. 159-161), *Introductory Lectures* (1916-1917, pp. 368-369), "The 'Uncanny' " (1919, pp. 244-251), "Dreams and Telepathy" (1922, pp. 217-218), and *Moses and Monotheism* (1939, p. 76). In the *Introductory Lectures* (1916-1917) he explains the difference as follows:

Reality seems to us something worlds apart from invention, and we set a very different value on it. Moreover, the patient, too, looks at things in this light in his normal thinking. When he brings up the material which leads from behind his symptoms to the wishful situations modelled on his infantile experiences, we are in doubt to begin with whether we are dealing with reality or phantasies. Later, we are enabled by certain indications to come to a decision and we are faced by the task of conveying it to the patient. This, however, invariably gives rise to difficulties. If we begin by telling him straight away that he is now engaged in bringing to light the phantasies with which he has disguised the history of his childhood (just as every nation disguises its forgotten prehistory by constructing legends), we observe that his in-

terest in pursuing the subject further suddenly diminishes in an undesirable fashion. He too wants to experience realities and despises everything that is merely 'imaginary'. If, however, we leave him, till this piece of work is finished, in the belief that we are occupied in investigating the real events of his childhood, we run the risk of his later on accusing us of being mistaken and laughing at us for our apparent credulity. It will be a long time before he can take in our proposal that we should equate phantasy and reality and not bother to begin with whether the childhood experiences under examination are the one or the other. Yet this is clearly the only correct attitude towards these mental productions. They too possess a reality of a sort. It remains a fact that the patient has created these phantasies for himself, and this fact is of scarcely less importance for his neurosis than if he had really experienced what the phantasies contain. The phantasies possess *psychical* as contrasted with *material* reality, and we gradually learn to understand that *in the world of the neuroses it is psychical reality which is the decisive kind* (p. 368).

This statement about the importance of psychic reality speaks for itself and represents, in my opinion, perhaps the must fundamental canon of traditional psychoanalytic thinking, the area of absolute agreement between orthodox, classical, and Kleinian analysts. The provenance of psychic reality (unconscious fantasies) has been traditionally assigned to the discharging (irrupting) instinctual drives by the schools of classical analysis and to the unconscious object-seeking drives by the Kleinian and object-relations schools. The former emphasize infantile sexuality and Freud's (1900) concepts of *wish fulfillment* and the *pleasure/unpleasure principles*. The latter emphasize *infantile dependency and omnipotence* and adaptive *primary object seeking*, behind which seems to be the principle of safety and survival. Recently, Renik (1994) has discussed Freud's (1900) earlier use of the concept of the *pleasure-unpleasure principle* and his later use of the *pleasure principle* (1920) and has integrated the idea of adaptive safety (the wish to avoid unpleasure) that was inherent in Freud's original formulation but was lost in the later one. Renik thus assists in bridging the orthodox/classical and the Kleinian/object relations schools, all

of whom fundamentally subscribe to the principle of psychic reality.

Background of Autochthony and Its Relevance to Psychic Reality

Despite its obscurity, I use the term "autochthony" (Greek: "born from the earth or self") to represent the ultimate provenance not merely of the one-person model but of the basic canons of psychoanalysis itself. Mythologically, the concept describes the time of the Titans when Gaia represented a divine personification of Mother Earth, and divine or quasi-divine children issued from her.[7] The concept of the autochthonous (solipsistic) basis of primary process has been implied but never fully explicated in psychoanalytic thinking. The term has been used by Lévi-Strauss (1958), Jung (1935), and Heidegger (1927) to designate the most primal of birth myths, one that is even more primitive than that of parthenogenesis (born from the mother without sexual union having taken place), which precedes the myth of paternal birth and, in turn, the acquisition of knowledge about the actual act of parental intercourse. Wittgenstein (1933-1935) dealt with the same subject from the philosophical-metaphysical perspective when he wrote on solipsism. Such terms as syncretism, *sui generis*, spontaneous generation, self-creationism, self-referential thinking, ideas of reference, narcissistic thinking, and subjective thinking are all ways of approximating the concept. Autochthony also suggests the idea of something being "native" to an individual or group. Perhaps it is best if loosely summarized in the everyday notion of "taking things personally."

Freud established what I am terming autochthony and cos-

[7] When Cadmus, the forebear of Oedipus, slew the dragon at the spot that was later to become Thebes, he was advised by Pallas Athene to sow the dragon's teeth in the earth, from which, eventually, sprang the *Spartoi*, the original inhabitants of Thebes. Some version of this birth myth is universal in human culture. In the opening ceremony of the recent Winter Olympics in Norway, the myth of autochthony was enacted when actors dressed as trolls could be seen emerging from the earth.

mogony in his conception of dreamwork (1900) and primary pro-
cess (1911). His portrayal of libido as primarily seeking discharge
obscured the more fundamental notion that *libido is also creative*, a
conception that found its way into Klein's (1946, 1952) concept
of unconscious fantasy and projective identification, and into Win-
nicott's ideas about object usage (1969, 1971e, 1989) and creative
play (1971a, 1971b, 1971c). Winnicott foreshadows my thesis
when he states that the mother must proffer to her infant *the object
that the infant is to discover at the same time that the infant creates it*!
That is precisely my point: the act of autochthonous creation must
precede—in order, therefore, to anticipate and prepare for—the
actual discovery of the whole objects of external reality. Put more
familiarly, we must first "dream," i.e., imaginatively create and
fantasize our emotional experiences through primary process, be-
fore we can discover, accept, and own them accountably through
secondary process. To me, this principle represents the funda-
mental creed of psychoanalysis, and I feel that our present *fin de
siècle* is witnessing a growing number of psychoanalytic apostates
who seem to disavow Freud's conception of the unconscious and
of psychic reality as he codified it in his second theory of psycho-
analysis (1897, pp. 259-260). This second formulation of uncon-
scious fantasy was profoundly different from his first theory, that
of censorship of traumatic reality (Breuer and Freud, 1893-1895),
the position, ironically, to which many analysts today are returning.

Freud's conception of psychic determinism, understood as the
postulate that the ultimate origin of the events in one's life lie in
instinctual drive expression, exemplifies a "modern" or logical
positivist view of unconscious mental life. The postmodern point
of view begins with the semiotic school, particularly Lacan (1954-
1955, 1955, 1966) and his predecessors, Peirce (1931), Saussure
(1966), and Jacobson (1971), each of whom contributed signifi-
cantly to the "revolution of signs." I derive a concept of the
cosmogonic instinct or principle from several lines of thought,
including Lacan's (1966) concept that "the unconscious is struc-
tured like a language," Freud's (1900) concept of "dream-work"
and the "component instincts" (particularly the epistemophilic

instinct [1909, p. 245]), Klein's understanding of the epistemophilic instinct (1928, 1930, 1931, 1945), her conception of personification (1929), and Winnicott's conception of the subjective object (1969, 1971e), play (1971b, 1971c), and creativity (1971c, 1971d).

Autochthony and Birth Myths

Infants initially have only one theory of creation, the autochthonous one. As they mature, they learn another theory, that of parental sexual intercourse leading to creation. The autochthonous birth myth is analogous to that form of somatic cellular proliferation known as mitosis or binary fission, in which cells divide and produce clones of themselves. The second is analogous to meiosis, sexual cellular division and reproduction. Once the infant attains the depressive position, omnipotent creative fantasies are subordinated to the newly accepted realistic basis for being an ordinary, needy human mortal whose own "mitotic" world-view must now respectfully encounter and acknowledge the presence of the "meiotic" world which is beyond the infant's power to create or to control. That world must be effectively adapted to, with the hope at the same time of having some realistic influence on it. The attainment of the depressive position with symbolic whole-object permanence and constancy allows for the acquisition of a double world-view, the phantasmal or mythic and the realistic, as well as a transition from a cyclopian to a dual perspective world-view. From this point onward the child—and adult—is confronted by the need for interaction with others who are known to be separate subjects in their own right and no longer only objects to take for granted. Each experience with the Other constitutes a reminder of one's separateness and of the elusiveness and ultimate unknowability of the Other, which is the principle of alterity.

The Dual World-View of Alterity

The infant is always aware of and constantly confronted by the presence and existence of the object as other, but his/her expe-

rience of that otherness is initially far from distinct. Infant re-
search studies seem to agree that the infant exists separately from
the *perceptual* point of view but may feel confused with the object
emotionally; that is, although (s)he can *perceive* the object as being
separate from him/her, (s)he *feels* one with or intimately con-
nected to the object (as part-object), which amounts to his/her
regarding the object as an obligatory extension—and therefore
possession—of him/herself. By the time the depressive position of
object constancy is achieved, the object—as Other—becomes not
only a whole object, but its very autonomy gives rise to the infant's
experience of Otherness. By this time the infant, now toddler, has
become self-reflective (dual-track) and is beginning to realize that:
(a) (s)he has a mind; (b) (s)he can experience that the object,
too, has a mind, and (c) (s)he becomes aware that (s)he can
objectively and subjectively *reflect* with one aspect of mind on other
aspects, including feelings, but also the unconscious itself, which
Lacan (1966) calls "the Other."

As I theorized earlier in this contribution, the infant, in becom-
ing the mediator and "owner" of his/her absolute psychic deter-
minism, initially organizes his/her world-view, pleasant or un-
pleasant, as his/her own putative creation. The advent of the
experience of *alterity* (Otherness) changes all that. The infant is
now confronted with another autonomous mind (at first experi-
enced as autochthonous because of projective identification), an
experience that devolves into Other-mindedness. (S)he is now
aware of his/her vulnerability to the presence and impact of the
Other. This is the point at which the infant/toddler can actually
comprehend the fact of interactive and/or intersubjective influ-
ences upon him/her; i.e., now the infant can realize that there are
two (or more) world-views and that the object qua object can be
the sole source of intentionality.

From this perspective, consequently, it would appear that psychoanaly-
sis, in its purest clinical and theoretical essence, constitutes an unequal
intersubjective—and interobjective—inquiry into the intrasubjectivity of
the patient. Even in Ogden's (1994) elegant discussion of the therapeutic
use of the analyst's own subjectivity in response to his/her patient's asso-

ciations, he finally states that this subjectivity is really a dialectical ana-
lytic instrument in highlighting the meanings of the patient's associations.
The analyst's subjectivity, in other words, is in the exclusive service of
processing the patient's subjectivity. The analyst's subjectivity is not the
subject of an analysis; it is only a transient subject for the analyst's
self-analysis.

The occurrence of trauma in the entirely autochthonous stage
is problematic, however, since the object who may putatively be
considered the originator of the trauma cannot yet be considered
a whole object that is separate from the infant. In the stage of
alterity, the infant/toddler/child/adult is able to distinguish the
other as Other; because of this achievement of separateness, the
individual—though still vulnerable to the pain of trauma—is less
vulnerable to "taking it personally." The victim may then either
adjust (healthily) as best (s)he can or comply (unhealthily) in a
"true-self"/"false-self" dichotomy (Winnicott, 1960). Compli-
ance is achieved by the selective introjective identification of the
abusive aspects of the parent (Fairbairn, 1943) and also by an
identification with the aggressor (A. Freud, 1936). The introjec-
tively identified part-parent becomes split into rejecting and tan-
talizingly exciting part-objects. These, along with the victim's con-
cordant, complementary, and oppositional identifications with
them, thereafter constitute the victim's endopsychic (internal)
world.

A. Freud's, Fairbairn's, and Winnicott's contributions, in addi-
tion to Klein's (1946) ideas about splitting, allowed us to account
for the pathological identifications and dissociations of the ego
that organize externally originating traumatic stimuli in the mind
of the child. Although Fairbairn was much more oriented toward
the potentiality and reality of the bad outside nurturing environ-
ment of the infant than was Klein, he always returned to an au-
tochthonous theory in order to understand the origin of the
trauma from the infant's or child's perspective (Fairbairn, 1940,
1941; Grotstein, 1994). Fairbairn states that infants in the early
oral phase—and adult patients who regress to this object-relations
phase—seem to interpret the origin of their abuse not in the

outside object, but in themselves: "their *love* was bad!" In the late oral phase and in regressive activations of it, the putative origin lies in their belief that their *hate* was bad. Holding oneself autochthonously accountable offers the alleged advantage of the illusion of control over the badness of the needed object and also the illusion that the objects have been "laundered," that is, "purified," but at one's own expense. I have recently begun terming this process the *depressive defense*, which is the counterpart to Klein's (1952) *manic defense* (Grotstein, 1997a).

The Dual-Track Hypothesis

Earlier I hypothesized that all mental phenomena can be considered from a minimum of two simultaneous or alternate perspectives (Grotstein, 1978). I later elaborated the theme as a metapsychological principle (Grotstein, 1980, 1993, 1997b). One of the hypotheses basic to this way of thinking is that primary process and secondary process are not so much *conflictual* as they are *oppositional*, i.e., they have a dialectically oppositional, mutually inhibiting, and regulating function, and they work in counterpoint. Bion (1962, 1963) was perhaps the first to speculate about their cooperative interrelationship in his concept of alpha function (later to be called "dream work alpha" [Bion, 1992]), in which he purposely used an "unsaturated" Greek letter to designate the inchoate epistemological capacities of primary process. More recently, Bucci (1985) and Dorpat and Miller (1994) have paralleled this line of thought.

The relationship between the concepts of autochthony and the dual-track hypothesis is seen in normal archaic development and in primitive mental disorders, particularly in paranoid thinking. The autochthonous "thought" (Bion's [1962, 1963, 1977] "beta element" that first presents itself to the psyche as a "definitory hypothesis") corresponds to the spontaneous instinctual irruption into the ego that is accompanied by peremptoriness and especially omnipotence. Subjects who cannot delay its discharge do not possess a thinking apparatus that can tolerate "thinking"

about it on balance with other thoughts (ratiocination). The impulse then becomes an absolute thought, like the apodictic word of God, one that is not to be questioned. The infant in the paranoid-schizoid position dwells in the domain of the first dimension of absolute either/or (Grotstein, 1978). There are no margins or shades of gray. There is only one track (single-mindedness). When toddlers accept psychological weaning into the depressive position (of object constancy and permanence), they acquire a dual-track (two-dimensional) ratiocinative capacity to think, in which a world of objects can be comprehended as separate from the self and as other than the one that the infant believed it had created. The infant in the paranoid-schizoid world of absolutes *does* seem to have two worlds, but the second world is the split-off and projected mirror image of the one that it unconsciously believed it had omnipotently created. It is a solipsistic world, paradoxically discontinuous yet continuous with the infant's own unconscious. It is *not* a separate world of Otherness.

Psychopathology is due in part to the loss of a dual-track perspective. The experience is of being trapped in a neurotic conflict, in a "cyclopian," single-minded perspective. *An important component of this theorem is that there is no psychopathology when a dual-track perspective is in operation because alternatives are possible, i.e., one is not trapped! Similarly, there is no psychopathology in the third dimension of psychic space—only in dimensions less than three, particularly in the first dimension of absolute either/or.* Thus, the achievement of the third dimension presupposes the developmental achievement of the dual-track, stereoscopic perspective. The third (dual-track) dimension provides a mental sanctuary due to its openness to alternative possibilities: other solutions exist (Grotstein, 1997b).

Psychic Causality and the Issues of Psychic Agency and Responsibility

My theme ultimately concerns the sense of *psychic agency* and *putative* (alleged, personally felt) *responsibility* for one's life, that is,

a sense of "owning one's karma." It seems that we must first believe that we mythically create our own personal world, then must claim or "own" (i.e., be the agent for) what we have created, and then allow for the external world's impact upon us, the world of the separated "Other." Put succinctly, we as analysts must help patients distinguish between *persecutors* and *enemies*. Persecutors are always constituted from the patient's projective assignments to others, and they therefore always originate within the self. By contrast, the enemy is never the self but may be clinically confused with the persecutor (which is a transformation of the patient's self). When that distinction is clear, the individual can more sanguinely "own" that which "belongs to him/her" and can more effectively avoid pathological entanglements with others.

One must first believe that one has autochthonously and cosmogonically "created" the world that one encounters. Next, one must epigenetically become a self with a continuous "history," who can then—and only then—permit experiences of being the vulnerable and varyingly helpless recipient of one's life as it develops. Blame and protest against the world of external objects is often objectively justifiable, but we each must ontologically "earn" our passport to such objectivity—i.e., through being sufficiently in touch with a sense of self-responsibility so that we are separate from the provisional "enemies" and are thus able to hold enemies authentically responsible.

Interpretations to patients that impute traumatizing ("organizing") responsibility to external objects of their earlier or even current life are in danger of reifications that collusively establish a manic defense (Klein, 1940) against a personal sense of responsibility for the trauma, thereby foreclosing the patient's capacity to own a sense of internal (and unconscious) responsibility as an integral, self-respecting self. *It is this retrospective and psychically retroactive reconsideration of one's own sense of putative responsibility for one's own circumstances (karma) that warrants use of the concepts of autochthony and cosmogony.*

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Deconstructing the Myth of the Neutral Analyst: An Alternative From Intersubjective Systems Theory

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DECONSTRUCTING THE MYTH OF THE NEUTRAL ANALYST: AN ALTERNATIVE FROM INTERSUBJECTIVE SYSTEMS THEORY

BY ROBERT D. STOLOROW, PH.D. AND GEORGE E. ATWOOD, PH.D.

A critique is offered of four conceptions of neutrality that have been prominent in the psychoanalytic literature: neutrality as (1) abstinence, (2) anonymity, (3) equidistance, and (4) empathy. It is argued that once the psychoanalytic situation is recognized as an intersubjective system of reciprocal mutual influence, the concept of neutrality is revealed to be an illusion. Hence, interpretations are always suggestions, transference is always contaminated, and analysts are never objective. An alternative to neutrality is found in the investigatory stance of empathic-introspective inquiry. This mode of inquiry is sharply distinguished from the prescribing of self-expressive behavior on the part of analysts, and the distinction is illustrated with a clinical vignette.

Scattered throughout our writings on the psychoanalytic situation viewed as an intersubjective system have been a number of criticisms of the idea of analytic neutrality. In this article we gather together these criticisms and expand upon them, emphasizing in particular the illusory and defensive aspects of the doctrine of neutrality as well as its intricate mythological underpinnings. We

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then propose and clinically illustrate an alternative analytic stance derived from intersubjective systems theory. We begin first with a critique of four conceptions of neutrality that have been prominent in the psychoanalytic literature. Two came from Freud, a third from his daughter, Anna, and the last was proposed by Kohut.

We believe that the myth of the neutral analyst, with roots extending back through a hundred years of psychoanalytic history, continues to operate as a deeply embedded organizing principle powerfully shaping analysts' perceptions of the analytic encounter and obscuring the intersubjective nature of the analytic process. We propose that this myth retains significant influence despite the fact that critiques of and alternatives to the concept of neutrality already appear in the psychoanalytic literature (Ehrenberg, 1992; Raphling, 1995; Renik, 1996; Singer, 1977), that relational-model (Mitchell, 1988) and constructivist (Hoffman, 1991) perspectives are already influencing analytic practice, and that only the most rigid among analysts would claim to behave in the manner we describe. In countless discussions with colleagues, students, and supervisees, we have found that analysts and therapists are especially prone to making claims of neutrality when their patients' transference attributions threaten essential features of their sense of self (see Thomson, 1991). In addition, we have found that even relationally oriented analysts and therapists often uphold neutrality as a revered, albeit unattainable ideal, deviations from which evoke shame or reactive shamelessness. It is for these reasons that we feel that a deconstructive critique of this ideal is warranted. The neutral analyst may in practice be a straw man, but we believe the ideal continues to exert a powerful influence.

1. *Neutrality as abstinence.* Often neutrality is equated with Freud's (1915) dictum that "treatment must be carried out in abstinence" (p. 165), typically interpreted to mean that the analyst must not offer patients any instinctual satisfactions. This technical injunction derived from the theoretical assumption that the primary constellations with which psychoanalysis is concerned are products of repressed instinctual drive derivatives. Gratification,

according to this thesis, interferes with the goals of bringing the repressed instinctual wishes into consciousness, tracking their genetic origins, and ultimately achieving their renunciation and sublimation.

But in what sense can this stance of abstinence be said to be neutral? Surely not from the standpoint of the analyst who practices it, because for him or her abstinence is the expression of the deeply held belief system (some might say moral system) to which he/she adheres in conducting his/her analytic work, a system that includes basic assumptions about human nature, motivation, maturity, and psychological illness and health.

Furthermore, when one assumes a position from the *patient's* perspective, it is apparent that abstinence—the purposeful frustration of the patient's wishes and needs—could never be experienced by the patient as a neutral stance. Consistent abstinence on the part of the analyst decisively skews the therapeutic dialogue, provoking hostility and tempestuous conflicts that are more an artifact of the analyst's stance than a genuine manifestation of the patient's primary psychopathology (Kohut, 1977; Wolf, 1976). As Stone (1961) and Gill (1984) have pointed out, so-called regressive transference neuroses, thought by many to be a sine qua non of an analytic process, may actually be iatrogenic reactions to the indiscriminate application of the principle of abstinence. Thus, an attitude of abstinence not only may fail to facilitate the analytic process; it may be inimical to it.

2. *Neutrality as anonymity.* Closely allied to the rule of abstinence, and also considered by many to be an essential constituent of analytic neutrality, is Freud's (1912) recommendation, consistent with his topographic theory, that the analyst "should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (p. 118). As Gill (1984) pointed out, the assumption that the analyst can remain anonymous denies the essentially interactive nature of the analytic process. Everything analysts do or say—especially the interpretations they offer—are products of their psychological organization, disclosing central aspects of their personality to their patients. These impressions, in

turn, are decisive in codetermining the development of the trans-
ference. Like the rule of abstinence, analysts' misguided belief
that they can keep their own personality out of the analytic dia-
logue itself produces transference artifacts that may be counter-
therapeutic.

3. *Neutrality as equidistance.* A third conception of neutrality,
invoked, for example, by Kernberg (Panel, 1987), is Anna Freud's
(1936) statement that the analyst "takes his stand at a point equi-
distant from the id, the ego, and the superego" (p. 28), a stance
that she equates with one of "clear objectivity" and an "absence
of bias" (pp. 28-29). Leaving aside the considerable difficulties
involved in attempting to measure distances between oneself
and hypothetical mental institutions, we wish to emphasize that
this concept of neutrality, like the principle of abstinence, is
rooted in a value-laden theoretical belief system—the tripartite
model of the mind—and hence is not unbiased or neutral at
all. Interpretations offered from this metaphorical point of
equidistance encourage the patient to adopt the analyst's beliefs
about the structure of the mind and, to that extent, they are
suggestions.

4. *Neutrality as empathy.* The myth of the neutral analyst has
persisted within psychoanalytic self psychology. Reacting against
the equation of neutrality with abstinent unresponsiveness, Kohut
(1977) defined analytic neutrality "as the responsiveness to
be expected, on an average, from persons who have devoted their
life to helping others with the aid of insights obtained via
the empathic immersion into their inner life" (p. 252). While
we find this a felicitous characterization of an aspect of the ana-
lytic stance, we cannot agree that it describes a neutral one. Like
the principles of abstinence and equidistance, it is rooted in a
theoretical belief system, albeit one that places the accent on
the role of emotional responsiveness in facilitating the develop-
ment of the sense of self. Furthermore, as Kohut (1980) recog-
nized, "a situation . . . in which one person has committed him-
self for prolonged periods to extend his 'empathic intention'
toward another" (p. 487) is surely not experienced by the patient

as a neutral one, meeting as it does deep longings to be understood.

Kohut (1980), however, contended that empathy "is in essence neutral and objective" (p. 483), and Wolf (1983) has suggested that Kohut's definition of empathy "implies an attitude of objectivity with regard to the patient's subjectivity" (p. 675). To expect that an analyst can be neutral or objective with respect to the patient's subjectivity, and thereby gaze upon the patient's experience with pure and innocent eyes, is tantamount to requiring the analyst to banish his/her own psychological organization from the analytic system. In our view, this is an impossible feat, especially when the most powerful expressions of the patient's subjectivity are directed toward the analyst—hardly a disinterested party. What analysts can and should strive for in their self-reflective efforts is awareness of their own personal organizing principles—including those enshrined in their theories—and of how these principles are unconsciously shaping their analytic understandings and interpretations.

The four variants of the myth of the neutral analyst are closely intertwined with a number of other interrelated myths that have been influential in shaping the traditional analytic stance.

The Myth of Interpretation without Suggestion

Following Freud's (1919) distinction between "the pure gold of analysis" and "the copper of direct suggestion" (p. 168), it has traditionally been claimed that what distinguishes psychoanalysis from other forms of psychotherapy is reliance on interpretation, especially interpretation of transference, as opposed to suggestion. The dichotomy between interpretation and suggestion is closely allied with the various notions of neutrality discussed earlier, because the neutral analyst, whether from a position of abstinence, anonymity, equidistance, or empathy, is presumed to be able to offer pure interpretation without suggestion.

As Gill (1984) pointed out, "[e]very time the analyst intervenes he may be experienced as suggesting a direction for the patient to pursue" (p. 171). We suggest that this truism vitiates the sharp distinction between interpretation of transference and suggestion. The commonly held idea that interpretation simply lifts into awareness what lies hidden within the patient is a remnant of Freud's topographic theory and archaeological model for the analytic process (Freud, 1913). This model fails to take into account the contribution of the analyst's psychological organization in the framing of interpretations. Every transference interpretation— indeed, the concept of transference itself—is rooted in the theoretical framework that guides the analyst's ordering of the clinical data. Invariably, the analyst's allegiance to his or her guiding framework has roots in deeply felt personal beliefs and values (Atwood and Stolorow, 1993; Lichtenberg, 1983). Thus, each time the analyst offers an interpretation that goes beyond what the patient is consciously aware of, he/she invites the patient to see things, if ever so slightly, from the analyst's own theory-rooted perspective. To that extent, interpretations are suggestions, and it is critical to the analysis to investigate whether the patient believes that he or she must adopt the analyst's viewpoint in order to maintain the therapeutic bond.

The Myth of Uncontaminated Transference

A common rationale for upholding neutrality in its various guises is the idea that noninterpretive interventions, such as gratifications or suggestions, will "contaminate" the transference so as to render it unanalyzable (Panel, 1987). The underlying assumption here is that transference can exist in a form that is "uncontaminated" by the activity of a neutral analyst. This assumption derives from the traditional conceptualization of transference, according to which the patient "displaces emotions belonging to an unconscious representation of a repressed object to a mental representation of an object of the external world" (Nunberg, 1951,

p. 1). One of us (Stolorow and Lachmann, 1984/1985) has criticized this concept of transference as displacement:

> The concept of transference as displacement has perpetuated the view that the patient's experience of the analytic relationship is solely a product of the patient's past and psychopathology and has not been [co]determined by the activity (or nonactivity) of the analyst. This viewpoint is consistent with Freud's archeological metaphor. In neglecting the contribution of the analyst to the transference, it contains certain pitfalls. Suppose an archeologist unknowingly dropped a wristwatch into a dig. If the assumption is made that anything found in the dig must have been there beforehand, some woefully unwarranted conclusions would be reached (p. 24).

We agree entirely with Gill's (1984) contention that "the notion that the transference can develop without contamination is an illusion" (p. 175). When transference is conceived not as displacement (or regression or projection or distortion), but as an expression of unconscious organizing activity (Stolorow and Lachmann, 1984/1985), then it becomes apparent that the transference is codetermined by contributions from the analyst and by the structures of meaning into which these are assimilated by the patient. Transference, in other words, is always evoked by some quality or activity of the analyst that lends itself to being interpreted by the patient according to some developmentally preformed organizing principle.

The contribution of the patient's transference to the production of the analyst's countertransference has found its place within psychoanalytic clinical theory. We are suggesting that the countertransference (broadly conceptualized as a manifestation of the analyst's organizing activity) has a decisive impact in shaping the transference. Transference and countertransference together form an intersubjective system of reciprocal mutual influence (Stolorow, Brandchaft, and Atwood, 1987). Neutral analysts, pure interpretations, uncontaminated transferences—none of these mythological entities can exist within such a system.

The Myth of Objectivity

The notion of analytic neutrality supports the image of the analyst as a natural scientist making objective observations about the patient's mental mechanisms, especially the patient's transferences. Analysts embracing such an objectivist epistemology interpret from a mythological platform with a God's-eye view[1] of the true reality that the patient's transference experiences distort. Alternatively, reverting to a doctrine of immaculate perception, some analysts claim to make direct empathic contact with the patient's psychic reality as they enter the patient's subjective world through vicarious introspection. In either case, the assumption is that analysts can make observations, either of objective reality or of psychic reality, that are not unconsciously shaped by their own personal organizing principles. This myth of objectivity denies the essential indivisibility of the observer and the observed in psychoanalysis, as well as the co-constructed nature of analytic truth. From an intersubjective, perspectivalist, or constructivist viewpoint, the analyst's perceptions are intrinsically no truer than the patient's. Further, the analyst cannot directly know the psychic reality of the patient; the analyst can only approximate the patient's psychic reality from within the particularized scope of the analyst's own viewpoint (Hoffman, 1991; Orange, 1995; Stolorow and Atwood, 1992). The implication here is not that analysts should refrain from using guiding theoretical ideas to order clinical data, but that analysts must recognize the impact of their guiding frameworks in both delimiting their grasp of their patients' subjective worlds and in codetermining the course of the analytic process.

A particularly irksome example of the myth of objectivity is the analyst's pronouncing a patient analyzable or unanalyzable on the basis of an "objective" assessment of the patient's personality structure and psychopathology. Analyzability, we contend, is not a property of the patient alone but of the patient-analyst system.

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[1] We owe this apt phrase to Dr. Donna Orange.

What must be assessed is the functioning of the system, the good-
ness or badness of fit between the particular patient and the par-
ticular analyst.

The Myth of the Isolated Mind

An objectivist epistemology envisions the mind in isolation,
radically separated from an external reality that it either accu-
rately apprehends or distorts. The image of the mind looking out
on the external world is actually a heroic image or heroic myth, in
that it portrays the inner essence of the person existing in a state
that is disconnected from all that sustains life. This myth, pervasive
in the culture of Western industrial societies, we (Stolorow and
Atwood, 1992) have termed the *myth of the isolated mind* (p. 7). It
appears in many guises and variations. One can discern its pres-
ence in tales of invincible persons who overcome great adversity
through solitary heroic acts, in philosophical works revolving
around a conception of an isolated, monadic subject, and in psy-
chological and psychoanalytic doctrines focusing exclusively on
processes occurring within the individual person—including, for
example, Freud's vision of the mind as an impersonal machine
processing endogenous drive energies, ego psychology's autono-
mously self-regulating ego, and Kohut's pristine self with its pre-
programmed inner design. We have also argued that the pervasive
reified image of the mind in isolation, in all its many guises, is a
form of defensive grandiosity: it serves to disavow the vulnerability
inherent in the awareness that all human experience is embedded
in constitutive relational systems. All such images of the mind
insulated from the constitutive impact of the surround counteract,
to paraphrase Kundera (1984), what might be termed "the un-
bearable embeddedness of being."

The ideal of the neutral and objective analyst, impenetrable and
sagelike, is just such an image, in that it disavows the deeply per-
sonal impact of the analyst's emotional engagement with his/her
patients and denies all the ways in which the analyst and his/her

own psychological organization are profoundly implicated in all the phenomena he or she observes and seeks to treat. In order to dispense with the defensive invincibility and omniscience of the neutral stance, analysts must be prepared to bear the profound feelings of vulnerability and anxious uncertainty that are inevitable accompaniments of immersion in a deep analytic process.

Defensive functions similar to the ones we have been discussing played a prominent role in Freud's theory building. In our (Atwood and Stolorow, 1993) psychobiographical study of the personal, psychological origins of Freud's metapsychology, we found that Freud protected himself from awareness of the profound emotional impact of a series of early painful disappointments and betrayals by his mother by attributing his sufferings to his own omnipotent inner badness—that is, his incestuous lust and murderous hostility—a defensive translocation that found its way into his important adult relationships, including those with Fliess and with his own wife, as well as into his formulations of clinical cases. This defensive solution, a form of defensive grandiosity, Freud also imported into his theory of psychosexual development and pathogenesis, a theory in which the primary pathogens were believed to be the unruly instinctual drives located deep within the interior of the psyche. In this theoretical vision, idealized images of the parents, especially the mother, were preserved, allowing Freud (1933), in a remarkable statement, to characterize the relationship between a mother and her son as "altogether the most perfect, the most free from ambivalence of all human relationships" (p. 133), and to apply the Oedipus myth in a manner that completely neglected the central role of the father's filicidal urge in setting the tragic course of events in motion. It is our belief that this same defensive principle fatefully shaped Freud's view of the psychoanalytic situation, wherein the cordon sanitaire[2] that he wrapped around the parents he also wrapped around the presumptively neutral analyst; thus, the patient's transference experiences could be seen as arising solely from intrapsychic mecha-

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[2] We are indebted to Dr. Bernard Brandchaft for this felicitous metaphor.

nisms within the isolated mind of the patient rather than being codetermined by the impact of the stance and activities of the analyst.

An Alternative: Empathic-Introspective Inquiry

If the notion of analytic neutrality is grasped as a grandiose defensive illusion to be given up and mourned, with what shall it be replaced? What is an alternative stance appropriate for the analytic situation recognized as a dyadic intersubjective system of reciprocal mutual influence, to which the organizing activities of both participants make ongoing, codetermining contributions? We (Stolorow, Brandchaft, and Atwood, 1987) have characterized this stance as one of empathic-introspective inquiry. Such inquiry seeks to illuminate the principles unconsciously organizing the patient's experience (empathy), the principles unconsciously organizing the analyst's experience (introspection), and the oscillating psychological field created by the interplay between the two (intersubjectivity). Inquiry of this kind requires the analyst's continual reflection on the inevitable involvement of his or her own personal subjectivity and theoretical assumptions in the ongoing investigation. Unlike the posture of neutrality, the stance of empathic-introspective inquiry does not seek to avert, minimize, or disavow the impact of the analyst's psychological organization on the patient's experience. Instead, it recognizes this impact as inherent to the profoundly intersubjective nature of the analytic dialogue and seeks consistently to *analyze* it.

We are well aware that the stance of empathic-introspective inquiry, like the stance of neutrality, can serve a variety of psychological purposes for the analyst. These should be a focus of the analyst's ongoing self-reflections. (See Atwood and Stolorow [1993, pp. 189-190] for a discussion of some personal, subjective origins of our viewpoint.) We also wish to emphasize that there is nothing in the stance of empathic-introspective inquiry that advocates denial or obfuscation of the asymmetry of the patient-analyst relationship. The meanings of this asymmetry are to be investi-

gated, not covered over. Nor does the stance prescribe any form of emotional responsiveness, participatory enactment, or noninterpretive provision on the part of the analyst. For example, while recognizing that the analyst is constantly unwittingly revealing his or her psychological organization to the patient (Renik, 1995), the methodology of empathic-introspective inquiry does not prescribe deliberate self-disclosure by the analyst. Instead, it enjoins the analyst to make specific decisions about self-disclosures based on his/her best understanding of the likely meanings of such disclosures for the patient and the analyst, and on his/her assessment (arrived at with varying degrees of collaborative input from the patient) of whether such interacting meanings are likely to facilitate or obstruct the analytic process—i.e., the unfolding, exploration, illumination, and transformation of the patient's subjective world. Let us illustrate empathic-introspective inquiry with a clinical vignette describing the illumination and resolution of a severe therapeutic impasse.

The Case of Sarah and Her Analyst

Sarah, a twenty-seven-year-old unmarried physical therapist, entered psychoanalytic treatment because of recurring experiences of herself as a small, vulnerable child lost in a threatening world of powerful grownups.[3] She was in actuality a successful, well-respected professional, with many supervisees and disabled patients relying on her expertise. Subjectively, however, she was increasingly prone to feelings of extreme intimidation, as if she were a weak and inadequate little girl suddenly thrust into high-powered adult roles and responsibilities.

A pattern of being emotionally neglected and exploited was characteristic of her whole life history.[4] During her early years, there was massive neglect by her depressed and alcoholic parents,

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[3] Sarah's treatment was first described in Atwood, Stolorow, and Trop (1989). The clinical material is reused here with the permission of *Contemporary Psychoanalysis*.

[4] We are aware that when we speak of a patient's history from a psychoanalytic

who for the most part relied on her to take care of them. Being nurturant to the parents provided the only consistent means of experiencing a connection with them, and major aspects of her developing sense of self became organized around the caregiving role. This role specifically prohibited her from showing any direct need for care from her mother or father; expressing such a need seemed invariably to make the parents resentful, and they reacted either by pressuring her to be grown-up or by angrily rejecting her for being a burden to them. Illustrative of this pattern were the patient's earliest memories, which included times when she cried uncontrollably in her crib and her mother responded by screaming at her to be quiet and violently throwing a bottle into the crib.

Among the long-range consequences of Sarah's early situation was an interpersonal style of giving to others but asking nothing directly for herself. This style affected not only her career choice in the field of disability, but also her intimate relationships. Her history was one of a series of romances in which she played a nurturant role with men who gave little or nothing in return. She always reacted to the depriving quality of these relationships with upset and depression but regarded such feelings as signs of something wrong with her rather than reflections of how she was being mistreated.

The first months of Sarah's analysis seemed to unfold very smoothly. As she told the long story of her life in all its sad detail, the analyst noted the rapidity with which she seemed to be opening up the various areas of her experience, but he did not anticipate the transference storms that were soon to follow. There was an early dream, symbolizing the process that was occurring, in which the patient traveled back to the town where she had grown up, approached a large house, and went in. She passed through room after room and finally came to a small closet in which an infant covered with dirt, cuts, and bruises cowered against the wall. In discussing the dream, she and her analyst understood the

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perspective, we can speak only of subjective history—that is, of lived experiences, not objective facts.

imagery as picturing a sequestered sense of herself as a deeply hurt child.[5]

The impasse crystallized around the analyst's telling Sarah of a six-week interruption in their work that was to occur the following summer. Recognizing that such a long separation might be exceptionally difficult for her, he explained that he would only be a phone call away. She showed no special reaction to the announcement for a few days but then reported a dream of an old mangy animal left lying on its back in the wilderness. When her analyst suggested that perhaps the dream was related to his plans for the summer, she grew visibly frightened, haltingly saying that maybe she was experiencing an impending abandonment. At this point the analyst repeated his reassurances that he could remain in touch with her by phone and reminded her that they still had a number of months to decide how they would handle the separation. To his surprise, Sarah reacted to the intended reassurance by becoming still more upset and turning physically away from him. When asked what she had felt, she said that she could not bear being in the room for a moment longer and wanted to go home. Her analyst asked her to stay and tell him more of what she was feeling. Again she responded fearfully and was now unable to talk. The session continued essentially in a tense silence until the hour was finally over, at which point Sarah rushed out the door.

The patient now began coming late to their sessions, reported great difficulty restraining herself from running away once she had arrived, and otherwise had little to say. The analyst redoubled his efforts to understand the meaning of the impending separation and continued to seek ways to ameliorate its disruptive impact. With each of these efforts to soften the effect of his departure, Sarah became still more frightened and unable to communicate her feelings to him. She then told of recurring nightmares in which she arrived at his building for a session, but somehow his office had vanished and she was unable to find him. As the situ-

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[5] See Atwood and Stolorow (1984, pp. 97-117) for a discussion of the psychoanalytic utility of manifest dream themes.

ation worsened, the analyst began to feel more and more helpless, at times consumed with anxiety on her behalf. Sarah noted her analyst's growing distress, and this added to her difficulties, for now she felt she had become a painful burden to him.

During the vacation the patient refused to have ongoing contacts of any kind and rejected her analyst's calls with what he experienced as icy hostility. Finally, she sent a letter telling him that he had treated her with brutal insensitivity; she felt completely betrayed by him and was therefore terminating treatment. Sarah returned after several weeks had passed, and their sessions continued. The impasse, however, persisted through a series of episodes and was only very slowly clarified over the next eighteen months. These episodes had in common a crisis around a physical separation interrupting their work. In each instance Sarah reacted to her analyst's attempts to understand and alleviate her pain by withdrawing, and the treatment was maintained during this interval only on the most precarious basis.

The analyst's attempted reassurances that a way could be found to overcome the disruptions of occasional separations were perceived by the patient as implicit demands that she feel better and not become scared. This replicated early childhood scenes in which her parents expected her to withstand very trying circumstances and to behave like the grown-up girl they needed her to be. A fundamental truth in Sarah's life was that she had never been allowed to be a child, and with her analyst she was again experiencing the same disastrous situation. The central problem was that she felt that her analyst could neither understand nor accept the paralyzing sadness and despair his departures were triggering. His well-meaning efforts to arrange contacts to help her only dramatized this lack of understanding. She also had been experiencing his efforts to reduce her distress as a rejection of the traumatized child she felt herself to be. The experience of traumatization had originally been disavowed in consequence of repeated events making her believe that the expression of her needs threatened her ties to the people closest to her. The specific danger associated with the emergence of her long-suppressed child-

hood yearning for understanding and loving care was that she would be rejected for imposing such a loathsome burden on anyone around her. This danger had seemed actually to materialize when her analyst first informed her of his summer plans.

Throughout the period of the impasse, the analyst was aware of Sarah's intense suffering but did not fully comprehend the nature of this suffering as the boundless despair of a small child. Instead, he tended to see the difficulty in terms of the concrete situations currently disrupting their relationship, and he felt responsible for her pain.

The changes in the analyst's self-understanding that contributed to the resolution of the impasse arose largely out of his personal analysis, which was occurring parallel to Sarah's treatment. He was a person in whom there was also a disavowed experience of childhood trauma. He had grown up in a family that had been profoundly affected by the sudden death of his mother when he was eight years old. She had been the emotional center of family life, and her loss had been utterly shattering to all the family members. As a child the analyst had responded to this upheaval in part by forming an identification with his mother and assuming aspects of her nurturant, supporting role in relation to his grieving father and siblings. His own sense of inner desolation was hidden in this process. The result was that much of his style of relating to others began to center on the themes of caretaking and rescue, which served to protect him from feelings of devastating powerlessness and solitude. His inability to rescue Sarah as she spiraled into despair had thus challenged a central part of his way of maintaining his own emotional equilibrium.

As a result of intensive analytic work, the analyst began to have the immediate experience of his own childhood trauma, with all its attendant feelings. The gradual integration of this previously disavowed pain occurred within the bond to *his* analyst, which provided elements of the holding, containing context that had been missing in the shattered family of his youth. A central theme in his analysis was in fact the recognition of how he had been hurt not only by the loss of his mother, but equally by the emotional

unavailability into which his father and other family members had lapsed in the aftermath of her death. As this integration slowly took place, his perception of his patient also began to change. He now came to recognize, much more clearly than had been possible before, that her sense of being a traumatized child was a distinct and enduring feature of her self-experience. He understood also that within this sequestered experience there was an indescribable depth of despair and loneliness, feelings that again and again had been triggered in the transference. He specifically grasped why all his efforts to ease Sarah's pain during their separations had failed: the separations were simply impossible for her to manage, and she had needed from him a response showing his understanding and acceptance of this fact.

With the analyst's increasing acceptance and tolerance of the catastrophically extreme emotions of his own childhood, he became able to tolerate and contain the correspondingly extreme feelings of his patient. As he moved away from attempts to ameliorate her suffering and focused instead on investigating and conveying his understanding of what she felt, Sarah slowly began to relax in his presence. The changing intersubjective field then made it possible for her to tell of a wishful fantasy concerning what she most deeply longed for from him, a fantasy that previously she would have been far too frightened to reveal. It was that she could be held protectively in her analyst's arms and fall gradually into a peaceful sleep. This imagery concretized a yearned-for bond that was at this point crystallizing between them, a bond of holding and containment within which the patient could experience secure acceptance of her pain and longings and thus discover the possibility of her own emotional wholeness.

The case of Sarah and her analyst illustrates how empathic-introspective inquiry can transform a therapeutic stalemate into a source of new analytic understandings for both participants. An overlap between the patient's and the analyst's unconscious defensive activity had been opposing the process of analytic investigation. The conjunction was eventually grasped, not as a manifestation of transference and countertransference seen in isolation,

but as a property of the larger transference-countertransference system of reciprocal influence. The analyst was able to work through his defensive disavowal of painful childhood feelings in his own analysis, enabling him to make contact with the archaic traumatized states sequestered within his patient. He decided not to reveal to her anything of what he had discovered about how the disavowal of his own pain had interfered with his capacity to comprehend hers, because he believed that she would have experienced such a disclosure as a direct replication of her parents' expectations that she disregard her own distress and devote herself to nurturing them. Thus, although the domain of empathic-introspective investigation encompassed the entire intersubjective field created by the interplay between the subjective worlds of patient and analyst, the new understandings yielded by this inquiry did not lead to self-disclosure by the analyst.

Our alternative to the myth of neutrality is a mode of inquiry consistent with an intersubjective systems view of the analytic process. Such inquiry does not contain a prescription for the analyst's self-expression.

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When the Analyst is Ill: Dimensions of Self-Disclosure

Barbara Pizer

WHEN THE ANALYST IS ILL: DIMENSIONS OF SELF-DISCLOSURE

BY BARBARA PIZER, ED.D., A.B.P.P.

This article examines questions related to the "inescapable," the "inadvertent," and the "deliberate" personal disclosures by an analyst. Technical and personal considerations that influence the analyst's decision to disclose, as well as the inherent responsibilities and potential clinical consequences involved in self-disclosure, are explored, with particular attention to transference-countertransference dynamics, therapeutic goals, and the negotiation of resistance. The author describes her clinical work during a period of prolonged illness, with case vignettes that illustrate how self-disclosure may be regarded as both an occasional authentic requirement and a regular intrinsic component of clinical technique.

In a paper entitled "Self-Disclosure: Is It Psychoanalytic?" (1995), Greenberg describes a case in which he elects to meet a patient's repeated question with repeated analytic silence. He cites this vivid instance as an illustration of how and why, in his view, his particular technical choice, with this particular person, in this particular moment bore analytic fruit. Jacobs (1995), in discussing this paper, applauds Greenberg's sensitive treatment, yet goes on to suggest that there *are* times, *some* times, when self-disclosure serves him and his patients well. Along with an increasing number of analysts writing about self-disclosure as potentially useful in furthering the interactive process,[1] Jacobs is careful to say that

[1] Among many authors who have considered the issue of self-disclosure, Ferenczi stands out as a pioneer. More recently Aron, Burke, Bollas, Ehrenberg, Hoffman, Maroda, Mitchell, Tansey, Renik, and others have contributed to the literature on this issue.

personal self-disclosure "is quite another, and even more problematic matter" (p. 240). He also asserts that "self-disclosure cannot be prescribed as a general technique" (p. 245). And, along with all of us who wish to keep before us a disciplined awareness of the dangers as well as the benefits inherent in sharing ourselves with those who have put themselves in the patient's position, Jacobs necessarily states the obvious: self-disclosure "is a delicate matter, one that can do harm as well as possibly prove beneficial. Whether to use it, and in what way, are not easy matters to decide. Such decisions can only be made at a given moment in the clinical situation" (p. 245).

In this paper I explore these issues raised by Jacobs.

A. What *is* the matter, or what might be the matters involved in personal self-disclosure? What might we make of the consequences of the direct imposition of content from the analyst's personal life upon the patient?

B. Our increasing knowledge of human development as well as our willingness to engage with this matter of self-disclosure suggests that it is indeed a substantial element in our technical considerations. Since such behavior inevitably does depend upon a given moment in the clinical situation—as it depends upon ethics and propriety—it ought to be as speakable in terms of general technique as other topics of controversy such as "interpretation" (Aron, 1992), "resistance" (Bromberg, 1995), or "enactment" (Renik, 1993). Further, I see a greater danger in eschewing discussion of self-disclosure in terms of general technique with the rationalization that new analysts may not be mature enough to utilize such technique. This leaves self-disclosure in the realm of closet activity for the seasoned and a willy-nilly, ill-considered subterfuge on the part of younger colleagues.

C. Hence, this paper concerns itself with whether or not, or in what way, we might consider personal self-disclosure as speakable among us; as a viable option in a particular clinical moment. Following these points I will consider three aspects of self-

disclosure.[2] They are, *as perceived by the analyst*, self-disclosures that
are:

1. Inescapable
2. Inadvertent
3. Deliberate

I will discuss the first two aspects in relation to my work with
patients during a year of sustained illness. The concept of delib-
erate self-disclosure will be focused on particularly in relation to
the "double bind," which I will define as a specific form of resis-
tance as explicated by Bromberg (1995).

INESCAPABLE SELF-DISCLOSURE

In the last days of May 1994, four weeks prior to my annual vaca-
tion month, a routine mammogram revealed a startling abnor-
mality. With little notice, I would begin my vacation a few weeks
earlier to undergo a lumpectomy on the 15th of June and, sub-
sequent to the pathology report, a mastectomy in July. I returned
to work at the end, rather than the expected beginning, of August.
Chemotherapy began in September of that year and was admin-
istered every three weeks for six months. I arranged to have my
chemo on Friday afternoons so that the worst of the side effects
would abate by Monday when I would be back at work. I rear-
ranged my patient schedule to accommodate one to two hours in
the middle of each weekday for rest and meditation. Other than
a radical change of hairstyle (very short; I never lost it all) and four
unanticipated days out of the office due to a need for a blood

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[2] Obviously, these aspects of self-disclosure overlap in actual clinical process; and my
own particular system of conceptualizing these component dimensions of a total pro-
cess, as with any conceptual system, is arbitrary. But I believe that the mental discipline
inherent in utilizing a systematic approach (despite its inevitable shortcomings) serves
the function of "checks and balances" on the necessarily intuitive and authentic
responsiveness of the analyst engaged in the current of a clinical moment.

transfusion, there were no major disruptions of my schedule. I cannot say the same for the process and content of the work itself. Perhaps my patients would call the term "disruption" an understatement. I told them all I had breast cancer.

This self-disclosure was experienced by me as inescapable. I define inescapable self-disclosure as the analyst's action resulting from the presence in the treatment situation of a circumstantial event whose disruptive properties *in the mind of the analyst* can be handled only by verbal acknowledgment. More simply stated, it is "the elephant in the room" phenomenon.

The circumstantial event may originate in the life of the analyst (e.g., a fire, an illness, or the death of a loved one) or in the patient, as in the case of Donald described by S. Pizer (1992), in which the therapist felt it necessary to say that he was distracted by the effort to tolerate his patient's body odor.

The elements of time and choice distinguish inescapable self-disclosure from inadvertent and deliberate self-disclosure. In contrast to inadvertent self-disclosure, inescapable self-disclosure allows the analyst time to consider what she or he feels must inevitably be said. And in contrast to deliberate self-disclosure, in inescapable self-disclosure the analyst's subjective choice of what and how much must be said is dictated by a particular obtrusive circumstance rather than by the intrinsic clinical process. To reemphasize: the omnipresent threat of disruption is most often the thundercloud contained within an inescapable disclosure. Along with the analyst's awareness of the necessity for some kind of disclosure is the concomitant dread of a subsequent eruption in the analytic interaction.

I emphatically believe that the degree and manner of a self-disclosure by any analyst is, and must always be, inextricably linked to that analyst's conscious and unconscious dynamics.[3] Participation through self-exposure, to whatever degree and whatever the content, is necessarily determined not only by the analyst's tech-

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[3] Renik (1995) emphasizes that "an analyst's personality is constantly revealed, *in one form or another,* through his or her analytic activities" (p. 469).

nical framework, but by her personal boundaries, beliefs, and sense of comfort. For example, Abend (1982) describes how, upon his return to work after a serious illness, he overrode his determination not to disclose. Responding to persistent inquiries, he did disclose his illness to several patients. Abend then reports his subsequent second thoughts about these disclosures, retrospectively regarding them as unnecessary distractions from the transference implications of his patients' inquiries (see also Dewald, 1982). Many analysts locate their comfort in, and advocate for, keeping their private selves at a distance from the analytic discourse.

Yet another position was bravely taken and bravely reported by Amy Morrison (1997). She continued to see her patients as her own health declined until she died of breast cancer. In her paper she describes how she carefully, selectively, tactfully, and responsibly discussed the reality of her illness with *some* of her patients. Not every therapist with breast cancer would make the personal choice to disclose her condition to her patients. *Nor should she.* Among the many personal issues one may or may not choose to share with a patient, cancer is an intensely personal matter. And a matter of this magnitude—with a course both invisible and invasive, with an outcome at best unpredictable and at worst leading to death—may certainly plunge the person of the analyst into states of uncertainty or anxiety, even terror. While the awareness of uncertainty or anxiety in the analyst will most likely be communicated to one's patients, these raw states—as states in themselves—are problematic when either denied or directly "bled" out into the room. The analyst must find some words to explain and contain these affects, but not necessarily in concrete informational form. For both persons, the stark exposure of the analyst's anxiety surges—specifically about her cancer—can be a mutually destabilizing force that undermines the analytic process in a variety of ways (i.e., the patient may flee, deny his or her senses, or attempt to take care of the analyst). Thus, each analyst must remain attentive and connected to her own sense of how stable she can remain in the face of her uncertainties, how grounded and pre-

pared she is to deal with whatever surprises of affect or inquiry may arise. My own choice to disclose my illness to patients grows out of who I am as a person, and who I am as a practicing clinician.

I will attempt to describe some sense of the self I was aware of when I told my patients that I had a breast cancer.

At the most conscious level, I felt a sense of responsibility to disclose—to give my patients maximal opportunity to plan in the face of an unwanted, unpredictable situation: to think about a referral, a consultation, an interruption; to express a variety of feelings at a time when I felt whole, strong, calm, and surprisingly capable. (This is characteristic of my emergency mode.) I hasten to add that this sense of responsibility, this sense of wanting to let my patients in on the beginning in order to maximize their choices of action does not originate in an abstract principle of how one "ought to behave." I have an aversion to out-of-control surprises. When I was a young child, my sister and I were walking home with my mother late one winter night when suddenly she compelled us to run ahead of her. "Run ahead children, *run ahead*!" My mother was unbelievably private about her person and inexpressive in general. It was not usual for her to raise her voice; we had never seen her cry. Now, without warning or explanation she was pushing us away from the comforting presence of her body, shoving us forward into the dark. And then, through the darkness I heard these intense, guttural, wracking sounds and an inexplicable splatter. I felt certain that my mother was being cut apart, and bleeding. Rooted to the spot on the sidewalk to which we had been commanded—too far away from mother—I stamped my feet and wailed through the blackness: "Mommy's dying, Mommy's dying!" "Barbara," said my elder sister who managed upsets with disdain, "Mother is throwing up." (Following this event, our mother took us home and happily informed us over cocoa and cookies that we were going to have a new baby.)

Despite the stresses and shocks of growing up, I am by nature a hopeful person. When the toxicity of chemo did indeed cause cells to die and I did indeed feel like my life was ebbing away, I

nevertheless did not expect to die at this particular time. Further, I did not experience myself as a person who is preoccupied with death. I am more afraid of not fully living in the moment than I am of dying. (I used to say, I am much more afraid of throwing up than of dying, but chemo has cured me of that fear!) There are those who have told me that they have benefited from my "courage"—although "courage" is not my felt experience. If courage is the operative word, then I resonate with it in terms of what for me may be the tributaries of courage: faith and discipline happily augmented by loving support, all of which was available to me before the advent of cancer. I believe that throughout my illness, I could say to myself that I have never felt so sick and so well at the same time.

The more neurotic components of my awareness involved shame, embarrassment, and guilt. (Therapists and mothers betray their contracts when they draw attention to themselves.) Although I would certainly not deny the need for sympathy (see Renik, 1993), I sense that my guilt was the stronger affect. This may have operated in favor of the work; that is to say, when I received sympathy, I was—along with being grateful—hyper-alert to what may lie beneath or alongside of it. I was anxious, perhaps over-anxious to do the analytic job. I recognized all too well that whatever else my patients and I would be able to make of my inescapable self-disclosure, cancer was and is an invasion of our interaction. At the same time, issues of Life and Death, Change, Loss, and Grief lie at the center of human experience and growth; and I took hope in the belief that my patients and I could put this inescapable event to analytic use.

I will attempt to highlight some of the interactions stimulated by my self-disclosure. The most common reactions went something like this: "I feel so helpless and so angry about your cancer, and I know it has to do with my parents but . . . ," or simply, "I feel really *bad* about feeling so helpless, and I really don't want you to make anything out of it," or "yes, I'm aware of the transference implications but I'm *so angry*!!" Of course my responses depended upon the person and the moment but in the first instance cited

above I did say, "It seems to me that cancer invites both helplessness and anger in both of us, and maybe we should talk about that before we bring your parents into it." In the case of the woman who felt bad about her sense of helplessness and didn't want some "deep interpretation," I replied, "What's to make of it? Here I am telling you my condition and at the same time rejecting your repeated offers of help." As for my response to a patient's somewhat bewildered experience of outrage, I offered the following clarification: "Look, if when you came here five years ago, I gave you the choice of seeing an analyst who would get cancer in five years or someone who wouldn't, which one would you choose? *I* know who *I* would choose!"

Of course, had the clinical situation not been freighted with my illness, my responses to statements of helplessness and anger would have consisted primarily of inquiry. In the first instance, "I wonder what it is now, that brings your parents to mind?"; in the second, "Can you say more?" I can imagine meeting the expression of rage with a kind of accepting grunt and waiting for what might follow.

The issue I wish to illustrate and emphasize here is that whenever the analyst feels compelled or chooses (deliberate self-disclosure) to reveal something about herself to a patient, she remains *responsible* for that revelation as she considers every subsequent interaction in the life of that particular treatment. This responsibility implies that the analyst's choice to disclose material from her life must be considered in the light of how much she feels she can burden herself and her patient with the additional complexities of the interactive data. Responsibility implies her effort to remain alert to her shared personal material in the same spirit with which she attempts to follow the development of her patient's material as it manifests itself in the analytic dyad. Today, with some exception, I see my patients' anger with me as motivated by more current failures than by the fact that I brought my illness into their lives, but I remain alert to, and prepared for, that possibility. Also, as in other well-worn and speakable elements of discourse, I believe that in general my patients do not shy away

from bringing up this unfortunate disruption themselves, particu-
larly around my vacations.

There is another thread in relation to the subject of transfer-
ence that I do not want to lose. It relates to the paradoxical nature
of transference. I am in good company in my belief that every
transference is at some level not-transference, and every not-
transference is at some level transference (see Ferenczi, 1933;
Freud, 1915; Modell, 1991; S. Pizer, 1992). This was cogently
illustrated for me by three of my patients just before I left, fifteen
days early, for my scheduled vacation. Given the sudden and stark
nature of the circumstances, the uncertainties associated with any
surgery, and my additional (what I thought would be) four-week
absence from the office, I offered patients the option of calling in
to ascertain that I was alive and well. Here are examples, albeit
stereotypical, where one might possibly entertain the notion that
not-transference-transference can manifest itself linguistically in a
single word.

My forever-oppressed-by-mother Jewish patient told me that al-
though she most certainly wanted to know how I was, she didn't
want to "*intrude*." My stereotypical WASP patient expressed con-
cern that she would "*burden*" me with her needs; a first generation
Chinese-American supervisee feared that a call from her would
constitute an "*imposition*." In every one of these cases—"intrude,"
"burden" and "impose"—the not-transference intention is simi-
lar and conveyed: however, we can hypothesize a transferentially
unique and distinct cultural and family history embedded in the
selective linguistic choice by each of them. As S. Pizer (1992) has
indicated, "the meaning of language is negotiated in each child-
parent dyad" (p. 220).

INADVERTENT SELF-DISCLOSURE

In her forthright and incisive discussion of Greenberg's paper on
self-disclosure, Ehrenberg (1995) concerns herself with counter-
transference self-disclosure. Her term approximates my notion of
inadvertent self-disclosure. Ehrenberg expresses her belief that

countertransference disclosure ... can help open to analytic scrutiny very subtle dimensions of the analytic field that often might remain inaccessible otherwise. With regard to the latter, my emphasis is not on countertransference disclosure as something to be used as a "parameter" only at moments of impasse or difficulty. My position is more radical. I believe judicious countertransference disclosure has the potential to facilitate a level of analytic engagement and a level of analytic exploration with all patients that may not be possible otherwise (p. 227).

I am in hearty agreement with Ehrenberg and echo her prescriptions of caution and judiciousness. However, we have a minor and perhaps inconsequential difference, in that she cuts the conceptual cake somewhat differently. We both adhere to the notion that countertransference self-disclosure involves "the analyst's revelation of his or her feelings in *interaction* with the patient or in relation to the patient, at a particular time ..." (pp. 213-214). But, says Ehrenberg, "I distinguish this from any number of other forms of disclosure. The latter can range from revealing information about ourselves, such as details of our personal history, where we go on vacation, [etc.] ..." (p. 214).

Here Ehrenberg *sections off process from content.* I am less able or inclined to make the cut between these two. There are disclosures that extend beyond reporting to the patient how the patient's transference is making the analyst feel in the countertransference. Given the complexity of therapist-patient dynamics, I do not want to draw so sharp a line between process and content. So often *process is a content and content is a process.*

I illustrate with an example from my own experience outside of the consulting room. (This is a deliberate self-disclosure.) Take the content, "I hate crows." Innocuous enough. Remember, then, or extrapolate from what I have already indicated, that I knew very little about my mother's internal processing other than her incredible efforts to be a "correct mother." One fall morning, much later in our lives, when we both knew that Alzheimer's was increasingly loosening my mother's fine mind, we were walking together in a beautiful meadow-like garden rimmed with the crim-

son foliage of the season. But it felt like summer still, the sky was very clear and blue, the songs of birds were amplified, and a light breeze played around our ankles. My mother turned to me, looked me straight in the eye, and said, "I hate crows."

Today, as well as then, I cling to that piece of information as to a talisman. Without a doubt, this expression, this particular articulation of a strong and clear feeling delivered to me by my mother in this moment of our lives, constituted a marker: the beginning of a healing of childhood terror and uncertainty over what my mother might suddenly emit. Aron (1992), in a paper called "Interpretation as Expression of the Analyst's Subjectivity," broadens the definition of interpretation as a "reciprocal communication process." He writes: "An interpretation has impact on the one giving it as well as the one receiving it. That is one reason, when a patient interprets to the analyst, it may be of benefit not only to the analyst but to the patient as well, and vice versa" (p. 502).

The interaction between my mother and myself provided a content that is not merely informational, in the sense that she was also metaphorically interpreting something for us both. We both came to understand that she put her reality into her feeling about the squawking of crows—a reality that penetrated through our atmosphere. All her life she would rather die (and she, also, was not afraid of dying) than make a noise. Commotion repelled her. And I have been able to use, in a Winnicottian sense, the moment in which she told me all about that in three words, "I hate crows."

As Aron, describing Winnicott, writes, "interpretation may be useful not because it provides new information (content) but rather because it represents a link with the analyst (process)....[that] can be carried around ... when the analyst is away" (p. 485). Aron (along with others—Ferenczi, Hoffman, Renik) states that every intervention or nonintervention discloses something about the analyst. It is from his work that I draw my notion of inadvertent self-disclosure. He writes: "Inadvertent self-revelation is inevitable, and in addition, I do believe that there are many times when direct expression of the analyst's experience is useful" (p. 481).

In his discussion, Aron makes a valuable contribution toward clarifying the various and necessarily idiosyncratic stances taken by contemporary analysts. Rather than cutting up the cake one way or another, Aron provides us with dimensions and degrees of freedom. On one continuum he postulates a mutuality-non-mutuality dimension, and on another, a symmetry-asymmetry dimension. Mutuality-non-mutuality refers to the degree to which the analyst recognizes "the reciprocal influence that patient and analyst have on each other," while symmetry-asymmetry refers to "the division of responsibility in the dyad" (p. 482). Seeing himself as radical on the mutuality-non-mutuality dimension (his theoretical and clinical conception of the transference-countertransference matrix) and favoring moderate asymmetry (what the analyst is and is not free to say) Aron (1992) writes:

> Analysts should be cautious in regard to self-revelations, for they are always complicated and problematic; however, everything that the analyst says or does not say is complicated and problematic. What is critical is not whether the analyst chooses to reveal something at a particular moment to a patient, but, rather, the analyst's skill at utilizing this in the service of the analytic process. Is the analyst, or, more accurately put, is the particular analyst-patient dyad able to make use of the analyst's self-revelation in the service of clarifying and explicating the nature of their interaction? In other words, does this intervention lead to further analysis of the transference-countertransference? (p. 483).

I will return to this particular quotation later on, but for the moment I wish to define inadvertent self-disclosure as an inevitable outcome of the analyst's active engagement with a patient. Such self-disclosures may or may not contain within them elements from the analyst's life experience. The responsible analyst, with appropriate caution, and respect for the power inherent in any self-disclosure on her part, must be prepared for this eventuality. Inadvertent self-disclosure requires, above all else, the analyst's skill in utilizing the potential of the shared contents of her experience in the service of the analytic process.

INADVERTENT SELF-DISCLOSURE: CASE ILLUSTRATION

Dr. T is the eldest daughter of a large well-to-do family dominated by a narcissistic, neurasthenic, alcoholically unpredictable mother who delegated Dr. T as a caretaker of her siblings as well as of mother herself in her various moods of exaltation or despair. Promised rewards of special luncheons out or shopping expeditions were more often than not rescinded because mother would claim headaches or some "fatigue" of unknown origin. Even before my illness, Dr. T and I were not surprised by her incredible vigilance over my states of being. We knew that, for her, any distractions or discomforts on my part would be perceived as signals to negate her needs and to tend to mine. Dr. T has required much of me over the years. But one of her most impressive characteristics is the unflinching and persistent way in which she has required equally as much of herself. She does not spare herself. On days that she would rather do anything else than come to analysis to face our work, she drags herself in to pursue it. Throughout the stormiest of times she has never let me lose sight of her integrity. Over the years, my admiration for this woman's relentless quest for herself has deepened into love.

On this Monday morning she came into the office and, rather than taking up where we had left off on the Thursday before, she sat down in an uncharacteristic manner, assuming a body position that I had come to associate with her sense of unarticulated outrage. Although she did not say so, I suspected she somehow knew I'd had my chemo on the previous Friday. She asked me how I was, and I answered, "Pretty good, thanks." There followed a long silence. Then, sitting back, she spoke in an unusually soft and solicitous tone: "I am not going to sit here and tell you what's going on inside of me. How can I? I bring in ordinary, run-of-the-mill issues, and you bring cancer. I'm not," she said softly, "going to tell you how I am in pain." At that, I discovered myself leaning forward in my chair and in a tone also uncharacteristically low, but

fairly spitting out the words, I heard myself saying, "I have lost a breast. Now do you want to take my milk away from me too?"

The acknowledgments that followed opened the way to our better understanding (through our experience in the interaction) of how each of us responded to her distrust of women (now speakable between us) as well as to the hostility that accompanies her expectation of abandonment. In my efforts to provide a safe place in which Dr. T might open and deepen an exploration of her desires, I had neglected a crucial aspect of her person. At last she "upped the ante" in such a way that I could no longer avoid talking back to her rage. It would be nice to be able to report that we were both cured—that I no longer slip into the "correct mother" role and that she is now at home in her desires and aggression. But though she may not remember this moment in our time together (she may hold another moment), for me it is an important marker, a moment in which we broke through a critical resistance.

RESISTANCE AND THE DOUBLE BIND—CASE CONTINUED

In his paper, "Resistance, Object-Usage, and Human Relatedness," Bromberg (1995) develops his concept of resistance as "an enacted dialectical process of meaning construction, rather than an archeological barrier preventing the surfacing of disavowed reality" (p. 173). Elaborating further, Bromberg describes the motivation of resistance as "not simply an avoidance of insight or fear of change but as a dialectic between preservation and change—*a basic need* to preserve the continuity of self-experience in the process of growth by minimizing the threat of potential traumatization" (p. 174, italics added).

Retrospectively, I can see how Dr. T and I had caught ourselves up in a double bind resistance, a repetition of an external and internal state of affairs that characterized Dr. T's (and also my)

growing up. I propose that the double bind is a particularly recal-
citrant, knotted form of resistance, one in which there is as yet no
room to move, no potential for dialectic, no space for negotiation,
and hence no growth or change.

We have come to apply the term "double bind" (see Weakland,
1960) to a situation in which a usually less powerful individual is
inescapably caught in an intense relationship with another person
who is delivering two orders of message, one of which negates the
other—messages which deny the possibility of any kind of dialec-
tic. As a consequence, options are perceived as black or white
alternatives in a lose-lose situation. (My troubles are nothing com-
pared to yours, so I am silenced. If I talk to you I'm bad, and you
scoff; if I don't, I'm abandoned and alone.)

The quintessential instance: as an adolescent Dr. T was offered
the opportunity to escape the overexciting, unpredictable, tyran-
nical atmosphere of home by going to boarding school, but only
under the condition that she get rid of her beloved, but aging and
mangy dog, her faithful friend since childhood. She could not
bear the conflict and moved to act almost immediately. Her
mother promised to stand by her, to help her with her loss, to be
with her when she put the dog to sleep. Dr. T reports this inter-
lude as one of their most intimate times. Sitting together then
over the dead dog, mother confides for the first time that Dr. T
was an unwanted child, conceived out of wedlock, and the reason
for her unhappy parents' marriage. She is alive and unwanted,
and her dog is dead and wanted, and her mother is in charge of
both.

It is no wonder that Dr. T's neediness and rage were so bound
up together that she would consistently punish herself for her
desires and expect to fail in close relationships. In our interaction
I became so concerned about not repeating history with her that,
even before my illness, when I had to cancel appointments, I
would offer other times, including evenings or weekends. So it was
that my overdetermined compliance served to close off from her
a space in which to make legitimate protest. I tightened the knot
of her double bind rather than opening a potential space in which

she could first experience and then begin to traverse the rifts between her love and her hate, her desires and her angers with me.[4]

Once the double bind is loosened, made explicit, or articulated, once there is some provision of space, resistance can become, as Bromberg (1995) writes, "a 'marker' that structures the patient's effort to arrive at new meaning without disruption of self-continuity during the transition, and gives voice to opposing realities within the patient's inner world that are being enacted in the intersubjective and interpersonal field between analyst and patient" (p. 174). In its foreclosure of that dialectical space described by Bromberg, wherein resistance may be negotiated, the double bind may be considered a preresistance resistance!

Although I had certainly argued with Dr. T, held firm in our transference-countertransference struggles, I had not yet been able to disentangle my own rage from my caring and present it to Dr. T in such a way that we would both have the space, first to perceive and differentiate, and then to bridge these affects within and between us. Subsequent to my inadvertent self-disclosure inspired by Dr. T, we developed our capacity to accommodate the simultaneity of love and hate both internally and externally as these affects occurred in our interaction.

DELIBERATE SELF-DISCLOSURE, AND CONCLUSION

Now, I believe that Aron would have no quarrel with my inadvertent self-disclosure. I have indicated his position that "self-expression" has a central part in analysts' interpretations which are co-determined. However, Aron (1992) unequivocally states that for "the analyst deliberately to work his or her way into an

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[4] Another way of conceiving of this might be in terms of "avoiding the negative transference." Space does not permit detailing in this paper the distinctions between these two concepts. Suffice it to say that in this case, I perceive my "correct behavior," my cutting her off with kindness, so to speak, as more closely related to our transference-countertransference double bind.

interaction with a patient . . . would be to interfere with whatever kind of interaction the patient is trying to create. The only legitimate interaction that the analyst should be trying to work his or her way into is that of understanding the meanings of the interaction'' (p. 493). Aron goes on to assert, ''Of course *inadvertently* the analyst will *be pulled* into other interactions or enactments . . . and will *unwittingly* attempt to push the patient into particular patterns of enactment'' (p. 493, italics added).

Recall Aron's statement, quoted earlier, that analysts ''should be cautious in regard to self-revelations, for they are always complicated and problematic . . . ,'' but, then again, ''however, everything that the analyst says or does not say is complicated and problematic'' (p. 483).

I want to hold myself more responsible and in control than this. *I believe that there are moments in the clinical process in which the patient indicates a need or a ripeness to receive, for personal use, some elements from the analyst's subjectivity.* That is, the analyst deliberately exercises her clinical judgment that the patient seeks—whether implicitly or explicitly—a sample of how the analyst's separate mind works (associatively, metaphorically, conceptually, etc.) (see Renik, 1995). For example, I believe that there are times when a patient asks the analyst what she is thinking and that the patient is not necessarily occupied or concerned with the impression she is having on the analyst. Sometimes the patient is so knotted in her head—often experienced as a sense of emptiness or nothingness or ''drawing a blank''—that she is asking the analyst to offer some ''other-than-me substance'' (see Winnicott, 1969) that serves to open a space that analytic silence may not, in that instance, provide.[5]

Once, when asked that question, I replied, ''I'm hearing the sound of the siren outside, and it is reminding me of the distant sound of a train whistle. I am remembering that as a child in bed at night this sound was the loneliest sound in the world.'' The

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[5] A more detailed exploration of this issue is the subject of a forthcoming paper.

patient considered this and was able then to go on with her deliberation of a particular issue—experiencing then an unheard of possibility. Ultimately, she said to me, "Do you realize, Barbara, that in all my growing up, I *never* realized that I could resent my mother and love her at the same time. I've been trying so hard to get rid of my resentment."

This put me in mind of my own mother. Toward the end of her life, there was another incident that took place in the night. It was the middle of the night, and I found her wandering through the house in her nightgown, lost, bewildered, and terribly embarrassed. Accompanied by her profuse apologies, I led her back to her room and, soothing, sang her the lullably she sang to me when I was a child. But now that I had something more of her apart from me, I could accommodate a range of simultaneous feelings that provided a deeper, sturdier, less idealized sense of who each of us was. (I recognize that I strive for this in the work I do with patients.) Now I could let my mother go. Sitting there with her, once again in the darkness, singing her to sleep, I experienced three feelings all at the same time, and they welled up in a kind of concurrent dialogue. I thought, or rather felt, "What a privilege to be able to provide for you in your final time"; and "I guess the best that I can get from you is to give it"; and *"where in God's name were you* when I needed you so badly?" Three feelings—gratitude, acceptance, and rage—all at the same time.

But back to my response to the patient who asked me what I was thinking—and the sound of the train in the night. Mine was not an inadvertent self-disclosure. Perhaps this is dancing on the head of a pin, but I view Aron as conflating inescapable and inadvertent self-disclosure, and if he does tell a patient something from his life, he believes it is because he could not help it: an inevitable (albeit necessary) part of complicated and problematic work. Whereas Ehrenberg (countertransference self-disclosure) separates self-disclosure contents from the analyst's life, from process comments regarding the analyst's feelings in the life of the analytic dyad, Aron tells us (self-expression in the context of "rela-

tional perspectivism'') that self-expressive contents are unavoidable (or inescapable) *but* should be delivered inadvertently.[6]

Hence, the analyst's contents are still inextricably linked to the analytic process that originates with the patient, thus leaving the analyst—if she believes it serves a purpose—no conscious legitimate recourse to draw from her own distinctly separate life experience.

To my way of thinking, deliberate self-disclosure may not necessarily constitute a boundary violation any more than some other intervention might (see McLaughlin, 1995); as a matter of fact, it may be delivered in a manner that is more respectful of a patient's boundaries. Self-disclosure is not synonymous with mutual analysis (see Dupont, 1985). Aron's (1992) suggestion that "participation should be done inadvertently *as much as possible* [italics added] as a response to the patient rather than as a deliberate provocation . . .'' (p. 493) does not satisfy my particular need for more clarity in this matter. I conceive of the necessary asymmetry between analyst and patient less in terms of self-disclosure and more in terms of disciplined and responsible behavior (see B. Pizer, 1994; McLaughlin, 1995). There are times in my work with patients when I may speak a content from my life experience not because it is unavoidable, not because I inadvertently let it slip, but because, having considered it, I believe it might contribute, or indeed *open* the intersubjective and intrapsychic spaces between us, thereby extending the potential for movement, for growth, for further dialectic, and ultimate termination.

This paper, a deliberate self-disclosure, is offered in that spirit.

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[6] Since my writing of this paper, Aron has continued to develop his own ideas on these issues. For a more current sense of his thinking, see Chapters 7 and 8 in his book, *A Meeting of Minds: Mutuality in Psychoanalysis* (Hillsdale, NJ/London: Analytic Press, 1996).

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The Interactive Paradigm and A Psychoanalytic Paradox

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THE INTERACTIVE PARADIGM AND A PSYCHOANALYTIC PARADOX

BY JAMES H. HANSELL, PH.D.

This paper examines the new "interactive" theorizing in the context of a fundamental paradox of psychoanalytic practice which has shaped theories of technique beginning with Freud. The paradox resides in the extent to which the work of psychoanalysis depends upon undependable capacities of the patient. This tension creates pressures on psychoanalytic practitioners which are often reflected in the creation of new theory in an effort to find "ways out" of the paradox. I propose that many of the significant historical shifts in our theories of technique, including the current "paradigm shift" emphasizing interactive aspects of psychoanalysis, have been surprisingly kindred efforts at "solving" the problems of this paradox.

"The ego, if we are to be able to make such a pact with it, must be a normal one. But a normal ego of this sort is, like normality in general, an ideal fiction. The abnormal ego, which is unserviceable for our purposes, is unfortunately no fiction" (Freud, 1937, p. 235).

"[T]he hypothetically normal ego is an ego which uncompromisingly assists in the psychoanalytic therapy. It surrenders, so to speak, to the voice of reason and unflinchingly makes maximum use of the help proffered during the treatment" (Eissler, 1953, p. 122).

"If the analyst does not get emotionally involved sooner or later in a manner that he had not intended, the analysis will not proceed to a successful conclusion" (Boesky, 1990, p. 573).

"The analyst must also be fleshed out into a 'three dimensional' person, separated out from the patient's sequestered and pathogenic schemas, allowing for the meliorative, expansive accommodation of old patterns into new, healthy and adaptive patterns" (Shane, 1995, p. 6).

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Though they span almost sixty years, these statements share a common stimulus. Freud's pessimism, Eissler's optimism, Boesky's realism, and Shane's idealism represent a range of responses to a problem inherent in psychoanalytic practice which has shaped psychoanalytic theory since its inception. Most recently this problem has been an important stimulus for the explosion of interest in the dyadic, interactive aspects of psychoanalytic treatment. My argument will follow Friedman's (1988) approach to understanding psychoanalytic theorizing—namely, that the best way to understand new theory is to look at the practical problems and stresses the theorist is facing in the trenches of daily practice. In this spirit, I will offer the hypothesis that the current theoretical emphasis on "interaction" in psychoanalysis can be best understood in the context of, and as a response to, a problem that has moved increasingly from the background to the foreground of psychoanalytic practice. The problem itself, however, is not new. It is the same one faced by Freud and Eissler, and Freud's therapeutic pessimism toward the end of his life and Eissler's confident optimism were both responses to it.

The particular problem I wish to describe relates to a fundamental paradox in psychoanalytic practice rooted in the nature of psychopathology, and described in a slightly different form by Friedman (1969). The paradox is as follows. One of the fundamental and defining characteristics of psychoanalytic treatment is the recognition that the psychoanalytic patient, as a result of inner conflict, struggles simultaneously with internal forces striving for growth and change (Loewald, 1960) and with internal forces re-

sisting them. However, the very fact that a person requires intensive treatment usually indicates that the balance of these forces is such that repetition and rigidity have gained the upper hand over the patient's capacities for change and flexibility; indeed, as I will describe, psychoanalytic treatment depends upon the expression of this in the form of transference. As a result, every psychoanalysis is, to a significant degree, affected by the following paradox: what the analyst can offer the patient (i.e., assistance with growth and change) and what the analytic method requires of the patient (e.g., some capacity for change and flexibility) are among the very things that the patient's psychopathology limits him or her from using and having. There are, of course, many ways, but none completely satisfactory, to describe "what the analyst can offer." Borrowing Renik's (1995) useful description, the paradox looks like this: psychoanalysis offers expanded self-awareness both as its method and goal, yet neurotic psychopathology in its essence consists of *self-imposed* restrictions on self-awareness. (The obverse of this point, which restates the paradox, is expressed in the cliché that when an analytic patient truly begins free associating, he must be, by definition, cured.)

To many analysts this may not sound like a paradox at all, but, on the contrary, simply a statement of the nature of and rationale for psychoanalytic treatment: where self-awareness and growth are restricted by conflict, help via the analyst's offer of new insights and experiences in treatment seems a logical remedy. This way of thinking characterizes our mainstream view of what psychoanalysis is about. But on close examination, this paradox, with the most profound consequences, is hidden within it.

The Paradox: A Historical View

As is well known, Freud's early therapeutic optimism was based on what, in retrospect, turned out to be naïveté about the neuroses. During the period of his hypnotic, cathartic, and early psychoanalytic methods, Freud viewed neurotic conflict as something

isolated from the rest of the patient's personality, something like a psychic abscess. If the pathogenic agents could be expelled (by sexual discharge in the "actual neuroses" or by emotional catharsis and, later, verbal discharge in the psychoneuroses), a cure would ensue. The patient would have no reason to do other than cooperate fully with the procedure. To Freud's great credit, however, when treatment turned out not to be so straightforward, he kept revising his theory to take the new facts into account. The new facts were these: the patient's neurotic conflict was not, after all, isolated from the rest of the personality, but rather an integral part of it. And, correspondingly, patients never cooperated fully with the treatment, even (perhaps especially) when they appeared to be doing so. In a sense, all of Freud's later theoretical revisions, as well as much of the theory of technique since Freud, are responses to the continually increasing (yet still shaky) awareness and understanding of this problem of "resistance" in the clinical encounter.

For Freud, the crucial conceptual shift in this regard had to do with his formalizing the concepts of transference and resistance beginning with the Dora case (1905) and continuing through the Papers on Technique (1911-1915). With these concepts, Freud was able to link the clinical phenomena of his patients' noncooperativeness to his theory of psychopathology; he argued that patients resist the treatment by recreating their symptoms within it (Freud, 1912). He began to see and understand how the unconscious fantasies involved in patients' symptoms also began to infiltrate and organize their experience of the treatment itself. Nonetheless, Freud at this point remained optimistic (Lichtenberg, 1994) about treatment (albeit with more caveats about its complexity and length) for two reasons. First, he felt he could still count on the cooperation of some part of the patient *outside* the psychopathology, in the form of the "unobjectionable positive transference" and the rational part of the psyche. Second, Freud's (1913) view of pathogenesis at this point was still based on the quasi-biological energic hypothesis that libido, blocked by the unavailability of acceptable discharge channels, caused symptoms;

accurate, timely interpretations could overcome this by virtue of their effects on the *energic* equilibrium of the patient. He described this cure via energic discharge along new, verbal pathways by stating that psychoanalytic treatment

> supplies the amounts of energy that are needed for overcoming the resistances by making mobile the energies which lie ready for the transference; and, by giving the patient information at the right time, it shows him the paths along which he should direct those energies (p. 143).

Later, in offering the revised theory of anxiety in the context of his new structural model of the mind, Freud (1926) committed himself to a different explanation of symptoms, resistance, and transference; he now explicitly attributed them to *motivational* conflict rather than to energic factors. Moreover, he realized that the (ego and superego) motives producing conflict were reasonable ones, in the sense that they were based on the ego's attempt to flee from perceived dangers. However, as Gray (1994), Busch (1995), and others have stressed, Freud did not consistently pursue the implications of this structural ego psychology for clinical technique, usually reverting to energic and topographic principles in his subsequent technical comments. In short, with the structural hypothesis and the second theory of anxiety, Freud recognized in *theory* the thoroughgoing method in neurotic madness. But in practice he seemed to speak otherwise. Clinically, Freud continued to treat the frustrations, amnesias, and lack of insight of patients as the "problems" in psychopathology (which were to be overcome by the energy-liberating effect of the analyst's interpretations), rather than utilizing his ego psychological understanding that, from the perspective of the patient's ego, these "problems" are part of an unconsciously motivated, neurotic "solution."

Viewing Freud's inconsistency from the perspective of the paradox can add something to previous discussions of the reasons for it (Busch, 1995; Gray, 1994). For when Freud did pursue the implications of his belated realization that the patient's resistances were due to motivational rather than energic factors, he was faced

directly with the paradox. That is, he was led to the realization that the neurotic ego's "loyalty," so to speak, is primarily to the neurotic status quo (which has, in fact, been ingeniously crafted by that very ego). Freud repeatedly approached this problem, and I have already alluded to his two conflicting responses to it. His initial response was to deny the paradox, either by returning to the idea that the forces in conflict were energic, not motivational, or by conceding the motivational factors but insisting on the preservation of a part of the patient "outside" them. However, when Freud found that he could not sustain these concepts, his optimism waned and he gravitated to his later response of therapeutic pessimism, the idea that the neurotic ego is "unserviceable for our purposes" (Freud, 1937, p. 235). As we shall see, these responses anticipate the "solutions" of the next two generations of analysts facing the same paradox.

Sterba's and Eissler's Contributions

The early structural theorists, with their new awareness of the role of the ego in psychopathology and resistance, had to confront the paradox immediately. This confrontation is reflected in the central question posed by these theorists: given that the patient's ego is centrally involved in the psychopathology, how can the patient accept and make use of the analyst's interpretations? Sterba (1934) answered this question by expanding one of Freud's ideas, namely that there is a therapeutic "split" in the ego allowing part of the patient to step outside the sphere of influence of the psychopathology and temporarily ally with the analyst. Eissler arrived at a similar solution, but by a somewhat different route. His paper, "The Effect of the Structure of the Ego on Psychoanalytic Technique" (1953), is in many ways a landmark in the psychoanalytic confrontation with the paradox and the creation of theory from it.

Eissler found himself facing the same dilemma as Freud: holding a clinical theory that interpretation alone should facilitate

change yet finding that for many patients, additional techniques were required. Faced with a contradiction between theory and experience, Eissler developed a new theoretical conceptualization of the ego which reconciled them. He asked why noninterpretive techniques were necessary for some patients and answered that these "parameters" were necessary only because these particular patients' egos were abnormal. A normal ego, *by definition in Eissler's conceptualization*, is one which responds to psychoanalytic treatment with improvement, and without resistance. (Where Freud ultimately despaired of the existence of the "normal ego," Eissler found a way not to by modifying theory.) Eissler acknowledged that psychopathology sometimes infiltrates the rational ego but he maintained that it is also possible for the ego to be unaffected by the psychopathology and to remain entirely in accord with the requirements of the analytic method. In such cases there is no paradox, and in Eissler's view, psychoanalysis proper is limited to these patients. Essentially, this is a revival of Freud's pre-resistance idea—which Freud could not sustain—that the psychopathology of the patient can be encapsulated outside the ego. Like Freud, Eissler could not fully accept that the "abnormal ego" actually functions rationally given its internal frame of reference and perceptions of danger. Rather, for Eissler, rationality, power, and influence are placed entirely on the analyst's side of the analytic relationship; he describes resistance, for example, as irrationality. Thus, while Eissler deserves credit for facing the paradox head on, he seems to escape it only by narrowing the scope of psychoanalysis almost to the point of disappearance.

Eissler's approach is now in disfavor (Panel, 1994); unfortunately, the baby—Eissler's clarity in defining the problem—seems to have been thrown out with the bathwater of his restrictive solution. Since Eissler, of course, the general tendency has been to widen the scope of psychoanalysis rather than narrow it. And this "widening scope" (Stone, 1954) of contemporary practice has in many ways increased the tectonic pressure of therapeutic intent grinding away against the "conservative" force within all psychopathology, especially since that force is in some sense proportional

to the severity of the psychopathology. As we will see, some of the theoretical earthquakes in the psychoanalytic landscape over the past two decades seem to be a direct result of this pressure.

Modern Structural Theory: Resistance Analysis

The modern structural theorists (e.g., Brenner, 1976; Gray, 1994) inherited this legacy from Freud, Eissler, and Sterba, and they have further pursued, in differing ways, the development of a structural theory of *technique*. Given their emphasis on the central role of the ego in resistance, these theorists have understandably stressed the ubiquity of resistance and the importance of resistance analysis. (Ironically, this very emphasis on resistance causes the concept to begin to lose meaning, since from the modern structural point of view *everything* the patient does expresses resistance, along with the other components of compromise formations.) In so doing, the modern structural theorists do come closest to articulating a clinical theory which describes and attempts to explain some of the potentially frustrating aspects of psychoanalytic work for the analyst. They look squarely at the fact that the patient's "psychopathology" touches his/her entire personality, including every aspect of his/her participation in the treatment. As a result, these theorists also come closest to confronting the paradox I have described in its starkest form: anything the analyst offers the patient will invariably be, to a significant extent, distorted by the patient via assimilation into preexisting transference schemas. In other words, resistance is ubiquitous. It is manifested not only in clear, "big" resistances like prolonged silences and missing sessions, but most importantly in the kind of subtle, pervasive, and inevitable resistances which are emphasized by Busch (1992) and Gray (1986).

How do the modern structural theorists suggest dealing with this paradox? The answer is best exemplified in the "close process monitoring" technique pioneered by Gray (1994). With this technique, Gray proposes a new way of maintaining therapeutic effi-

cacy and optimism in the face of the same "conservative" clinical phenomena (i.e., resistances) that finally drove Freud to pessimism. Gray argues that despite the ubiquity and pervasiveness of resistance, the center—pure interpretive technique—can hold, *if* one takes fuller advantage of the technical possibilities of the structural theory than Freud was able to do. Specifically, Gray advocates careful and systematic tracking and interpretation of resistances and the motives giving rise to them, as they emerge at the "surface" during the analytic session.[1] Gray maintains that this mode of interpretation is all that is necessary for change and that the use of interpersonal influence should be minimized and is not necessary. Yet in trying to make this case, Gray ends up running into the inescapable problems faced by Freud, Eissler, and Sterba, and like them, having to make questionable theoretical accommodations. One form this takes is Gray's heavy theoretical and technical reliance on the patient's rational, self-observing motives and capacities (building on Sterba's concept of an "ego split"), which he emphatically cultivates in the patient. For example, Gray (1986) describes a crucial part of his clinical method as

> enhancing analysands' motivation for realizing and developing their skills for observation of certain crucial intrapsychic activities as they are brought into play during the analytic process. In the context of an available, rational alliance, the analyst provides a basic, essentially ego-syntonic rationale or direction, emphasizing analysis of resistance against identifiable instinctualized mental activities (p. 253).

Gray's heavy emphasis on cultivating an alliance with the pa-

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[1] It seems ironic and unfair that Gray's approach has been so often criticized as "superficial" (see Goldberger, 1991). From the point of view of this essay, there is something courageous in Gray's attempt to face the dilemma head on—by simultaneously emphasizing the ubiquity of resistance while maintaining the pure goal of using only interpretive influence. In addition, I think this perspective shows that working with resistance at its friction points with the analyst's method, i.e., at the "surface," is the most volatile, highly charged, and in some sense deepest place one can work. To paraphrase the late Speaker of the House Tip O'Neill, perhaps all resistance is local!

tient's rational ego is inevitable; the more one acknowledges the
pervasiveness of resistance, the more one has to compensate by
also finding nonresistant forces within the patient. Something has
to give, and what "gives" for Gray, as with Eissler, is the enlarge-
ment in theory of the presumed outpost of rational ego within the
patient, the "analyst within the patient" who is outside the rep-
etition compulsion.[2]

A related question about Gray's approach has to do with what it
means to interpret or to analyze resistance. Gray emphasizes the
importance of working at the "surface," close to the patient's
conscious, tolerable awareness, in order to avoid bypassing de-
fenses and resistances through the use of the unanalyzed influ-
ence of the analyst's authority. While this makes good sense prac-
tically, there is a theoretical problem: no matter how close to the
surface the analyst is, she or he is inevitably introducing some-
thing outside of the patient's awareness, even if ever so slightly.
One can then ask the same question about resistance interpreta-
tion that Gray usefully asks about "content" interpretation: isn't
the patient's nonawareness of whatever resistance the analyst is
bringing to the patient's attention at least partially a *motivated*
nonawareness, just as his/her nonawareness of the repressed *con-
tent* of the fantasies is defensively motivated? And therefore
doesn't it also bypass defenses to interpret unconscious resistances
(even at the surface)? In this sense, the fact that resistances oper-
ate unconsciously creates the same problem for resistance analysis
that Gray so clearly delineates for content analysis. Put another
way, the fact that resistances operate unconsciously is another
manifestation of the paradox; it demonstrates that patients are not
only strongly motivated *not* to know their own mind, but are also
motivated against knowing that they do not know—exactly
counter to the method and goal of the analytic work. There is no
way around the fact that, in the clinical moment, patient and
analyst have substantially different agendas, and the modern struc-

[2] Compare Friedman's (1969) argument about the concept of the "therapeutic
alliance."

tural emphasis on the analysis of resistance does not resolve this dilemma.

Thus, the more we take seriously the phenomenon of resistance, the more we see the patient having a basic, inevitable discordance with the analyst's method, regardless of what the patient may consciously say or do. This is what Freud, Eissler, and Sterba were wrestling with. To be clear, this view of neurosis and the paradox is not necessarily a nihilistic one. It does not mean that the patient is entirely "sick"; nor does it imply that profound and meaningful change cannot occur in psychoanalysis; nor does it deny the universal presence of forces for growth and development and relatively "conflict-free" areas of functioning. These are clearly matters of degree. It *does* imply that most patients come to treatment because in the balance of forces of their psychological situation they are "stuck"—unable to grow and change *not for lack of opportunities for change but for lack of ability to make use of them.* Were this not the case, treatment would be a simple or superfluous process (as indeed it sometimes is for people having symptoms in the context of a different, more progressive, balance of forces); patients would then only require exposure to new opportunities and ideas, and they would run with them. While there is some of this in every treatment, the essence of neurotic psychopathology is just the opposite: never missing an opportunity to miss an opportunity, and most especially the opportunity provided by the treatment itself.

This paradoxical transformation of the opportunity for a cure in treatment into a new version of the "disease" is precisely what Freud saw happening with his patients, and fortuitously developed into his concepts of transference and resistance. And while it was a stroke of genius to see that what appeared to be frustrating therapeutic obstacles (e.g., transference and resistance) could actually become the vehicles of greatest therapeutic leverage, Freud's difficulty in pursuing this line of thinking further is directly related to his increasing pessimism about psychoanalytic treatment toward the end of his life. For when resistance and transference interpretation were not effective, when Freud was

forced to use noninterpretive modes of influence (for example, with the Wolf Man), when analyses took longer and longer to accomplish less and less, Freud was left facing the beast of psychopathology—repetition, inertia, self-destructiveness, and stalemate—without a clinical theory to account for and combat it. Given this, is it so surprising that he fatalistically attributed these problems to his mysterious death instinct,[3] beyond rationality and therapeutic hope?

Indeed, what *is* an analyst to do? One thing analysts have tended to do about the paradox is to create new theory from their encounters with it, as Eissler did. And it is precisely out of this squeeze produced by the therapeutic goals of the analyst's pressing up against the power and tenacity of the patient's unconscious fantasy organization—which inevitably begins to usurp the patient's cooperation and use of the analyst and analytic method—that new psychoanalytic theory is often born. In this sense, as Friedman (1969) points out with regard to the concept of the "therapeutic alliance," theory is created as a way out of a practical problem. It is precisely in this light that I think it worthwhile to evaluate the contemporary interactive theories. What views of the paradox do they offer, and what "ways out" of it do they propose?

Contemporary Theory: Enactment, Interaction, and the Paradox

The "interactive paradigm"—based on emphasizing the dyadic processes in psychoanalytic treatment—is so broad and diverse that it may be misleading to call it a paradigm at all. For example, the scope of the interactive literature is so vast as to include, among its central concerns, epistemological issues dealing with

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[3] From Gray's (1994) perspective, on the other hand, Freud's "pessimistic" views on the "adhesiveness of the libido," "constitutional ego weakness," and "psychic inertia" are attributable to his not having developed clinical and theoretical tools for the analysis of the ego resistances he was encountering. Despite the merits of this argument, I have tried to show that Gray runs into the same problem, just farther down the road.

the nature of psychoanalytic data (Hoffman, 1994), clinical questions about the role of authority in psychoanalytic treatment (see special issue, this *Quarterly*, 1996, Vol. 65, No. 1: Knowledge and Authority in the Psychoanalytic Relationship), and ethical considerations related to redefining professional responsibility in terms consistent with an intersubjective point of view (Renik, 1993). For heuristic purposes, I find it useful to distinguish between the "descriptive" and "prescriptive" aspects of the interactive literature, while recognizing that the distinction is somewhat artificial. By "descriptive" I mean the aspect of the literature which focuses simply on what psychoanalytic treatment looks like when viewed through the lens of dyadic interaction. The concept of "enactment," for example, is largely descriptive, an account of something that happens in the consulting room. The prescriptive aspect of this literature, by contrast, deals with claims about therapeutic efficacy and with technical recommendations, such as the potential therapeutic value of greater interpersonal involvement by the analyst.

I will begin on the descriptive side. The recent literature on "enactment" (Boesky, 1990; Chused, 1991; Greenberg, 1995; Jacobs, 1991; McLaughlin, 1991; Renik, 1993) represents a new chapter in the story of the paradox. This new chapter emphasizes that rather than being able to remain above the fray of the patient's neurotic patterns, the analyst is inevitably drawn into some participation in them. Building on Sandler's (1976) earlier concept of the natural "role responsiveness" of patient and analyst to each other, the new literature has attempted to destigmatize this phenomenon while also suggesting its pervasiveness in the clinical encounter. Thus, what had previously been discussed only under the rubric of countertransference problems, and had been considered unusual and unfortunate, is now understood as a ubiquitous phenomenon, which is, at worst, useful "grist for the mill," but perhaps even necessary for a true analytic process to occur (Panel, 1995).

In emphasizing the analyst's "irreducible subjectivity" (Renik,

1993) or the analyst's vulnerability to the patient's influence (Boesky, 1990), this new literature also offers a radically changed view of the distribution of rationality and power in the analytic relationship. While Eissler confidently placed rationality and influence entirely in the analyst and the analytic method, the new theorists agree that the analyst is more like the patient, subject to the same psychic forces, and inevitably involved to some degree as a participant in, not just an observer of, the patient's old ways of relating. As a result, contemporary descriptions of the analytic process tend to view it less as a "procedure" and more as a "negotiation" (Aron, 1996; Boesky, 1990; Goldberg, 1987; Greenberg, 1995), despite differences in what is meant by the term.

In part, this new literature reflects an increased tolerance for acknowledging something that has been known all along. (Accordingly, some of the literature on enactment has a kind of confessional tone: "Let's face it, folks; we all get drawn into playing the patient's game at times, and we might as well admit it and see what we can do with it.") But the core of this concept of enactment seems to be nothing more or less than an honest confrontation with, and description of, the paradox. For analysts, this means recognizing that the forces against change and for the neurotic status quo are not only powerful, but powerful enough to bend and divert the analyst and his/her method; in prior theory (Eissler, 1953) the analyst and the analytic procedure had been presumed to have sufficient power to force the patient's transferences to bend to them. On the other hand, the heightened awareness of the paradox in contemporary theory also seems to bring with it an intensification—at least in the analyst's consciousness—of the pressures and tensions the paradox is made of.

Let us turn next to the "prescriptive" side of the interactive literature, since this literature includes suggested "ways out" of the paradox even while informing us, through the concept of enactment, that we are ever caught up in it. From the perspective of the paradox, it is this combination of descriptive and prescriptive elements, focusing as they do on the tension between old

patterns and new possibilities, between pessimism and optimism, that makes the interactive paradigm so intriguing. What I hope to demonstrate is that while there is something potentially new in the interactive prescriptions for therapeutic "ways out" of the paradox, there is also something old appearing in a new form—a repetition, if you will. Both are visible through the filter of the paradox and become clear in examining some of the specific prescriptive ideas in this interactive literature.

There is considerable variety among these prescriptive ideas, and in highlighting certain features of this variety, I will of necessity be somewhat schematic. On one end of the continuum of "prescriptive" interactive approaches is the revival of emphasis on the idea that it is therapeutic in and of itself for the analyst to behave in a way that is emotionally responsive and in some way inconsistent with the patient's pathological expectations (e.g., Weiss and Sampson, 1986). In other words, the hope is that the patient's interpersonal experiences with the analyst, if they are appropriate (e.g., optimally emphatic, or disconfirming of pathological expectations), will help modify and improve the patient's problematic schemas and patterns of behavior.

From the perspective of the paradox, one sees in this idea a return to Freud's earliest (pre-resistance) ideas about the separation of the pathology from the person. Assuming that the patient will "accommodate" (in a Piagetian sense) to the analyst as a "new object" downplays the entrenched and rational aspects of the psychopathology, which is woven out of the patient's basic motives. It ultimately overlooks the fact that the *failure to "accommodate" when faced with new possibilities—even within the treatment—is what neurosis is all about.* This idea has a strange kinship to Eissler's; both are attempts to maintain therapeutic optimism through "constructing" the prototypical patient as the analyst's wished-for patient, ready to change if only given the chance. This idea, then, seems to be a new version of one of the historical trends I have traced: dealing with the paradox by denying it.

At the other end of the prescriptive continuum are more complex interactive theories which acknowledge the paradox by in-

cluding in their models the explicit understanding that the neu-
rotic patient inevitably resists change. These theories suggest that
the patient's resistance to change and the analyst's inevitable in-
volvement in the old patterns of interaction need not interfere
with the possibility of psychoanalytic change through understand-
ing, provided that the analyst does not fall completely into the
repetition of old roles. What are the grounds for this optimism
about turning repetition into change? Shane (1995), Aron
(1996), Ehrenberg (1992), and others argue that it is the unique
mutative potential created by combining the work of understand-
ing the patient's tendency to relive old relationships with the con-
current provision of a new and different relationship by the ana-
lyst. Thus, while resistances to change are being understood and
worked through, Shane proposes that it is especially important for
the analyst to present him/herself as a "three-dimensional person
. . . to accommodate to." Why is the patient open to "accommo-
dation" under these special circumstances? In Shane's view, it is
because a universal, natural progressive developmental thrust,
which had been blocked by the patient's conflicts, has been re-
established.

With the paradox in mind, such a theory can be seen as a
"two-person" version of the "one-person" argument of the ego
psychologists such as Gray; both argue that working with resis-
tance is the key to changing it. As we saw with Gray's theory,
however, the more one acknowledges the phenomenon of resis-
tance, the more one has to counteract this by cultivating an as-
sumed nonresisting part of the patient. This may account for the
heavy theoretical emphasis in interactive theories (such as
Shane's) on universal, progressive developmental motives which
are thought to propel patients forward, playing a role analogous
to that played by the concept of the "therapeutic split in the ego"
in ego psychological theories. Whatever the merits of this devel-
opmental idea (which I personally think are considerable), we
must be wary that its current popularity is to some extent a func-
tion of a particular historically situated need for it, just as Gray's
heavy reliance on the autonomous, rational ego became necessary

in the context of his more sophisticated understanding of the ubiquity of resistance. Looking at the entire historical sweep, we see Freud's discovery of resistance necessitating his adherence to an energic rather than a motivational model in order to remain optimistic, and the ego psychologists' emphasis on resistance requiring them to counterbalance it by codifying the idea of a therapeutic split in the ego. Now, in the interactive era, our increased awareness of enactments puts us in need of "discovering" progressive developmental forces in our patients (and therefore more at risk for "constructing" them).

Thus, one sees in the interactive paradigm both a clearer acknowledgment of the paradox and a repetition of earlier attempts to "solve" it, couched now in the language of interaction and developmental receptivity rather than interpretation and reflective receptivity. But one also sees, I think, the possibility that there might be something about acknowledging the paradox that can help us find a way out of it. In an interview with Janet Malcolm (1994), the contemporary painter David Salley, referring to his spontaneous and improvisational working style, explains "I have to get lost [while painting] so I can invent some way out." Perhaps analysts need to get a little lost with their patients (cf., Boesky, 1990) in order to "invent" therapeutic ways out.[4]

At the very least, one sees in the interactive paradigm the continuation of a historical progression in which the paradox is increasingly clear, and the unresolved questions about psychoanalytic change are usefully refined. This leads us back to the realization that the transformative power of psychoanalysis remains more complex and mysterious than we would like, and that our standard theories are tools which seem better at explaining why psychoanalysis should *not* work rather than how it does. The more we take seriously the phenomenon of resistance and the motivational theory, based in the structural model, that goes with it, the more we are led to the paradox and to a new perspective on the old

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[4] Aron (1996) has been a leading proponent of this view, which he traces to the work of Ferenczi and Rank.

fundamental question of the mutative action of psychoanalysis. Given that the essence of neurosis is the unconsciously motivated creation of a "closed system," a mind dominated by the assimilation of all that might be new into that which is old, of everything into the same thing, how does accommodation take hold? We know that it does take hold in treatment, and lest we forget, in normal development, where the process is no less mysterious. The interactive paradigm has not yet provided us with answers, but it is leading us closer to the right questions.

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Primary Femininity, Bisexuality, and the Female Ego Ideal: A Re-Examination of Female Developmental Theory

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PRIMARY FEMININITY, BISEXUALITY, AND THE FEMALE EGO IDEAL: A RE-EXAMINATION OF FEMALE DEVELOPMENTAL THEORY

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While the concept of primary femininity advances our understanding of the girl's developmental experience, a number of contradictions and problematic assumptions are at the present time contained within this concept. I propose that we use the phrase "primary sense of femaleness" to refer to the girl's earliest sense of self deriving from the mental representation of her body. In addition, I argue that the concepts of a primary sense of femaleness and of a bisexual matrix are not mutually exclusive; an early sense of self located in a female body can co-exist with the fantasy of potential unlimited by gender. Finally, I examine the role of the mother as ego ideal for the girl.

The history of psychoanalytic theory on female psychosexual development has followed an interesting course. Freud (1925, 1931, 1933) put forth his original ideas, admitted that the path to "normal" female development was somewhat circuitous, and then cautioned that we (he) knew little about this topic which needed further investigation. There was a period of debate, with Horney (1924, 1926, 1933) emerging as the major proponent of an alternate view to that of Freud. This debate came to a rather abrupt halt with Freud's *theory* accepted as "bedrock" by most American analysts. With Stoller's contributions in the early 1970's on primary femininity, the challenge to Freud was resumed after a thirty-to-forty-year hiatus. The last two decades have seen fervent activity in this area, yet much of the endeavor has been somewhat of a

"rapprochement crisis" with its characteristic ambitendent struggle. Ample effort has been put into explicating and refuting Freud. This has been important work, but it seems that we are not quite sure that we are really free to set forth on our own path. Toward that end, certain concepts are in need of further consideration and refinement.

This paper takes up certain issues in current theory regarding female development. I focus specifically on the historical evolution of the concept of primary femininity. The issues I consider within this body of work concern the following: 1) the use of the phrase "primary femininity" and the theoretical construct underlying it, 2) the fate of the concept of bisexuality, and 3) the role of the mother as interacting subject and as ego ideal. Both terms in the phrase "primary femininity" are in need of definition, and the underlying concept itself needs clarification. This concept is often used in a manner that conveys the impression that femininity is innate—something bodily based that females are born with. This seemingly constitutional femininity is then frequently linked, explicitly or implicitly, with assumptions regarding innate heterosexuality and the desirability of same sex identification. I will critique the tendency in this literature for these three points to be linked in an assumed progression of "normal" development. I suggest that the label "primary femininity" is problematic, and I propose instead that we use "primary sense of femaleness" to denote the girl's earliest sense of self deriving from the mental representation of her female body.

A SECOND LOOK AT "PRIMARY FEMININITY"

Definitions

Many theorists use the terms "primary femininity" and "femininity" throughout their work; while this usage is customary, femininity is not clearly defined. For instance, Tyson (1991, 1994)

defines femininity as a narcissistic investment in the self as female. Similarly, Mayer describes being "successfully feminine" as some form of satisfaction in being female (Panel, 1994). What do these definitions really mean? Many women who have a strong narcissistic investment or satisfaction in being female would not be described, nor would they describe themselves, as feminine. As Laplanche and Pontalis (1967) caution regarding femininity (and masculinity): "these notions are highly problematic and should be approached with circumspection" (p. 244).

These comments by Tyson and Mayer represent, I think, an *ideal* definition of femininity: a positive sense of self that is linked to and derived from being in a female body. But what do we say about the defining characteristics of femininity with which we are all so familiar: pretty, passive, soft, docile, submissive, timid, compliant? Do these traits stem from the female body? Do they reflect a positive sense of self? Are they truly valued in our society? In the literature on primary femininity the "downside" of femininity— its devalued definition in our particular culture—is rarely discussed. The fact that feminine characteristics have been negatively correlated with psychological health (Broverman, et al., 1970; Kaplan, 1991) is often overlooked. What does it mean to define as "desirably feminine" qualities that are not seen as indicative of good mental health? The question that remains unasked is whether femininity is or is not something to aspire to. There is little recognition in this literature that "femininity" is a culturally based term referring to a set of traits held in conflicted estimation—traits deemed socially desirable for females to express, yet not necessarily valued intrinsically.

Stoller (1968, 1976) developed the concept of primary femininity to refer to an early sense and acceptance of being female. Primary femininity corresponds to Stoller's term "core gender identity"—I am female—a sense of self seemingly rooted in biology. However, in Stoller's work, even *core* gender identity is not *primarily* about the body. Knowledge of membership in the category female (or male) derives more from the sex of assignment and the rearing by parents. Culture comes in quickly.

Adding further complication, both Stoller and Tyson (1982) subsume, in their definition system, "core gender identity" under the broader category of "gender identity" that includes various elaborations of "masculinity" and "femininity." Thus, the term "primary femininity" extends in meaning beyond the ability to know oneself as female to one's identification with, and internalization of, certain psychological characteristics. Primary femininity as a concept then changes in meaning from the girl's sense of being *a* female to her sense of being a certain *kind* of female: feminine.

Although in reality it is not possible to cleanly divide various self-representations, these aspects of the sense of self need to be teased apart conceptually. I find it problematic to include automatically a sense of femaleness and a sense of femininity in one concept without considering the specific meanings of each. The first usually refers to observable fact—anatomical sex. In most cases, one either is or is not female. Femininity is a different matter. It is a term we use to define a set of attributes and behaviors, as well as an internal sense of self, that is highly culture-bound. While the possibility arguably exists of an innate readiness to take on the cultural content of femininity (or, for boys, masculinity),[1] we do not know how much this content can vary according to the cultural press. Although certain tendencies may have a biological component, femininity is not about fact. Femininity is shaped by what we say it is.

Stoller (1976) was quite clear on this point. In a footnote to the first line of the first page of his paper, "Primary Femininity," he states:

How shall I use the terms "femininity" and "masculinity" herein? They will have no biological connotations, but will refer only to the sense of one's self (identity) and how that sense

[1] For example, certain principles (such as levels of aggression and motoric activity) that appear to have a strong biological basis may form a kernel around which cultural images are elaborated. These images may then have a "sense of fit" both for the culture and for the individual.

permeates role. Thus, for me, femininity is what a person and that person's parents, peers, and society agree is femininity; the criteria change from place to place and time to time (p. 59, n.).

As mentioned above, Stoller's definition of core gender identity is more about a socially constructed sense of self than it is about the body. Stoller's emphasis is very much in contrast to the tenor of more current work on primary femininity that incorporates biology as a central tenet of this concept.

The Body

Mayer (1985, 1991, 1995) discusses primary femininity in terms of the girl's early sense and valuing of her body: "what she does have." She is referring specifically to the girl's positive reaction to her genitalia. Mayer (1985) states that "[t]he concept of primary femininity entails an assumption that the girl develops some mental representation of genital femaleness at an early age" (p. 345). Mayer (1995) refers to research findings (de Marneffe, 1997) that, starting from about twenty-two months, girls are aware of, and apparently pleased with, their genitals; girls are "happily female." She distinguishes primary femininity as a separate developmental line from the phallic castration complex where, as argued by Freud, girls struggle with what they are lacking and are unhappily female.

Mayer (1995) suggests that "it certainly seems plausible to assume that, at the outset, the girl's initial mental representation of her body focuses on her body as it actually *is,* preceding the more complex cognitive development required by perception of difference and her resulting awareness of what her body is *not*" (p. 32, n., italics added). In Mayer's work, "primary" connotes an identity that is both *first* temporally and *intrinsic to the body*.[2] Through-

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[2] Mayer (1991) does make a qualifying statement regarding the sources of primary femininity, indicating that we are not necessarily able to identify its genesis: "The concept is no more a concept about genital mental representation than it is about

out her work, she consistently and clearly discusses primary femininity as the girl's earliest sense of self derived from the mental representation of her female genitalia.

Like Mayer, Tyson (1994) argues against Freud's contention that girls start life psychologically male and then, in feeling castrated, retreat to femininity. Countering Freud's notion of penis envy as "bedrock," Tyson states that "if there is a bedrock of femaleness it is primary femininity" (p. 452), which she, like Stoller, equates with core gender identity. Tyson discusses the girl's positive valuing of her genitalia and does not believe that genital representation for the girl need be vague or uncertain. The girl is not limited to the visual modality in mentally representing her body. According to Tyson (1989), "[g]irls may have difficulty seeing their genitals, but they have no trouble locating and experiencing genital sensations" (p. 1064).[3] The building of the girl's body image contributes in a significant manner to her "primary sense of femininity" (Tyson and Tyson, 1990, p. 259).

The work of these two theorists illustrates the trend in the recent literature to focus on the girl's earliest mental representation of her body—specifically, her genitalia. Emphasis is placed on early awareness of the vulva and vagina in distinction to the concepts of Freud, who posited that clitoral awareness was primary and reflective of a masculine sense of self. Currently, we see that the concept of primary femininity is an attempt to acknowledge and describe the girl's earliest sense of her female body—an identity developing in the preoedipal period and existing before any phase of penis envy. It is a line of thinking that attempts to link development of the ego—one's sense of self—with the mental representation of the body. Freud's (1923) concept of the body ego is integrated with the fact that anatomy is differentiated by sex

socially defined feminine roles or about biological disposition" (p. 483). However, the emphasis in her overall theory is on mental representation of the body versus an exploration of early socialization.

[3] See also Mayer (1995, p. 18, n.) regarding the capacities of infants for cross-modal experiencing whereby feedback from tactile representation can be transformed into visual representation.

and with the supposition that sex should then influence ego. As D. Bernstein (1993) stated, "if we do agree that the body is centrally involved in children's psychic development, it seems appropriate that the girl's body . . . [is] as central to her development as the boy's body is to his . . . the bodies are different" (p. 41).

This work is excellent and on track in furthering our understanding of female psychosexual development. But why label as "primary *femininity*" the girl's earliest sense of self developing from, and in relation to, her body? The term "primary sense of femaleness" would be more appropriate.[4] In placing "femininity" with "primary," the implication exists that femininity is innate— derived in an essential way from the body. It then appears as if gender identity is somehow inherent to one's sex. This problem has persisted since Horney (1924), Jones (1927), and Klein (1932) originally refuted Freud. In arguing that the girl does not start out life as "a little man," they jumped to an argument that has her starting out as a little woman—innately feminine and inherently heterosexual.

Stoller referred to primary femininity as an identity that, while deeply internalized in the psyche, is *learned*. His emphasis on learning follows that of Money, et al. (1955), whose research revealed the primacy of learning over genetic constitution. Kleeman (1976) corroborates this view, strongly arguing for learning over innate sex differences as crucial to gender identity formation. Yet, in discussing sexual orientation, Stoller (1974a) uses the phrase "primary heterosexuality" to indicate constitutional preprogramming and is endorsed in this by Parens (Parens, et al., 1976). Thus, "primary" is used in contradictory ways, at times indicating constitutionality and at other times not.

Although Mayer (1991) is very cautious in a statement regarding the genesis of primary femininity, later in the same paper she makes the inference that a developmental event that occurs earlier may be more likely constitutionally based. This very plausible

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[4] Stoller titled his 1968 paper, "The Sense of Femaleness"; it seems that this title did not have the phrase appeal of "primary femininity."

supposition, a frequent occurrence in the literature, can obscure how the environment immediately comes into play. As Kleeman (1976) states,

> One cannot understand gender identity or gender role without giving proper credit to the moment of assignment, which in turn sets in motion a whole process of acculturation that teaches the little girl that she is female and what and how a female is supposed to think, to feel, and to act . . . (p. 13).

With current technology, this moment of assignment often occurs many months *before* birth.

It seems that, in our efforts to understand female development, we can easily slip into a quicksand of assumptions. It is important to be able to think conceptually about the girl's sense of self in her body without automatically making assumptions about the body, gender identifications, and sexual orientation. Tyson (1982) has taken pains to distinguish and separately define core gender identity, gender identity, gender role identity, and sexual orientation, but often in theory elaboration these concepts slide back into one another. The following statement by Tyson (1991) typifies the locked progression I am referring to:

> A confident, narcissistically invested sense of femininity [primary femininity] and a wish to assume a feminine gender role, which eventually lead to a wish to take mother's place vis-à-vis the father, rely on the girl's making selective identifications with an ideally viewed mother (p. 587).

Contradictions

It is particularly striking to reread Stoller's (1968, 1976) original papers in which he launched the phrase "primary femininity." One is surprised to be reminded that this concept stems primarily from Stoller's work with girls who were born without vaginas. Stoller (1968) discusses the development of core gender identity in females with various anatomical abnormalities such as the absence of a vagina or with masculinization of external genitalia, as

well as those who looked normal but were biologically neuter. His central emphasis is that unequivocal *assignment* of sex by doctors and parents and equally unequivocal *rearing* of the child as a member of the assigned sex far outweigh anatomy. Regarding girls with normal anatomy, he states:

> It seems to be well established that the vagina is sensed . . . in little girls, yet I believe that it is not the essential source of femininity. . . . little girls without vaginas develop an unquestioned sense of femaleness. They do so because their parents have no doubt that they are females. . . . even in the neuter (XO) child who is not biologically female, a feminine gender identity develops if the infant is unquestioningly assigned to the female sex (pp. 48-49).[5]

Thus, although core gender identity may be fixed and unalterable and although it is an idea *about the body,* it does not necessarily stem from the body or even correspond with actual chromosomal or anatomical structure. Sensations from the body—*whatever they may be*—are incorporated into a construct about sex and gender.

Stoller (1976) states that, in the development of primary femininity, "which can occur in either males or females, learning takes place that is conflict-free and mostly ego-syntonic, consisting of behaviors with which the little girl identifies and/or is taught and encouraged, especially by her mother. Mechanisms like imprinting (?), conditioning, identification, and imitation contribute heavily to such learning and result in the automatized behaviors and convictions, attitudes, and fantasies that I call core gender identity" (p. 73). In Stoller's view, the body is not without a part to play, but its contribution can be overridden by rearing. We see that conviction of bodily sex is not necessarily related to or derived from bodily sex. The knowledge that "I am female" then refers less to the specific sense of self a girl has in relation to her body and has more to do with "sureness of sex assignment" (1968, p.

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[5] See also Money, et al. (1955), whose research involved children with sex of assignment at variance with their genetic make-up.

51, n.). It is the knowledge of being *a* female—being able to locate oneself in a category. However, knowing *which* category one belongs to is a different concept from the elaboration of meaning *within* the category—the subtlety of a primary sense of femaleness that develops from the mental representation of the body.

Stoller (1976) objects to Freud's view of femininity as pathological, "defined by passivity, masochism, and a penis envy that will only be assuaged by the substitute of growing a baby" and questions why we would "create such a strange definition of femininity" (p. 66). Yet Stoller's depiction of femininity (1968), while culturally accepted, can be viewed as equally strange and possibly just as pathological:

> What about her feminine interests and role? ... the patient when a child was pretty, interested in dresses and dolls and in using cosmetics to play. ... Her greatest interest [as a teen] had always been stylish clothes, on which she would spend all her spare money. ... She did little reading and that exclusively movie and romance magazines. ... This is certainly not a list of activities that strikes one as unique, ... or especially worthy of report, were it not that it is my design to underline the unspecialness, the naturalness of her gender identity (pp. 46- 47).

Stoller's work (1968) is sprinkled with references to femininity as the desire for "marriage, intercourse, and babies" (p. 46). Thus, the femininity that both Freud and Stoller describe is similar in certain ways, with Stoller less critical in his view. Stoller is less critical due to his thesis that femininity is not derived from oedipal conflict, but instead is preoedipally based and conflict free. Apparently, he viewed *this* evolution of femininity as more "natural" (and thus, healthy), even though his own argument undercuts any notion of nature.

It becomes a point of debate between Freud and Stoller as to *when* femininity is internalized. Stoller chose the word "primary" to specifically counter Freud's formulation that femininity is a *secondary,* and defensive, development for the girl, deriving from an initial masculine sense of self that is thwarted by "the fact of

her castration" (Freud, 1931, p. 229). Stoller (1968) emphasizes that Freud was "beginning the story . . . only after the onset of the phallic phase" (p. 43), and so neglected the initial months and years of life. The term "primary" is used by Stoller to refute Freud; it does not derive from an essentialist view of sex or gender as innate. As mentioned above, according to Stoller, even *boys* can and do develop primary femininity. This aspect of Stoller's theory introduces yet another complexity in the understanding of this concept.

The infant's symbiotic experience of identity with the mother has been the most widely understood meaning of primary femininity within the separation-individuation literature. Stoller's major thesis purports that, in the blissfully intimate symbiotic relationship, the mother's femininity is transmitted subliminally to the infant of *either* sex. Stoller argues for a state of protofemininity in both boys and girls deriving from the relationship with a female primary caretaker. This thesis takes us somewhat away from Stoller's emphasis on learning,[6] in response to sex of assignment and rearing, and toward the more analytic concept of unconscious identification. However, this thesis once again underscores how detachable even "primary" femininity is from biological sex. If boys develop primary femininity, what meaning can this concept have for a girl's sense of self specifically derived from her female body?

In a strongly argued critique of Stoller's work, Person and Ovesey (1983) state that there is no evidence for the theory that supposed primary identifications prior to self-object differentiation confer gender identity on the infant:

> According to Stoller, the "behavioral surface" of the infant's femininity, whether the infant is female or male, is not evident before the age of one year. . . . If the gender markers denoting masculinity and femininity do not appear before the age of one year, there is no observable evidence for Stoller's assertion of a

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[6] Unconscious identification would always be *a part* of learning.

protofeminine state in normal boys, *or girls for that matter* (p. 217, italics added).

Person and Ovesey call into question the existence of primary femininity for either sex. Thus, even if the concept of primary femininity is deleted from new theory on male development (Fast, 1984), the inconsistencies in the concept still need to be extracted regarding female development.

Toward Resolution

In the literature on primary femininity, difficulties with definitions of femininity combine with the fact that the exact meaning of "primary" has tended to shift in subtle but highly significant ways. Originally meant to counter Freud's theory, "primary" is now used to emphasize a bodily derived sense of self—a psychology based on a gendered body schema. "Femininity" floats between two realms: 1) an attempt to specify a sense of self that inherently has to do with being a biological female, and 2) a culturally based experience imposed on the child through early object relations and, thus, internalized in the psyche.

In order to exit from this maze, we need to separate and individuate from Freud. Definitions must be developed that are capable of standing on their own rather than being intelligible only in relation to Freud's theory. I propose that we use the term "primary sense of femaleness" to indicate mental representation of the female body that develops in the first years of life. This concept is *not* the same as core gender identity, as used by Stoller and Tyson, which involves the imposed learning of sexual category and gender-derived psychological traits. In a certain ironic twist, primary *femininity* does fit Stoller's actual meaning of core gender identity; his definition leads to confusion, however, because most clinicians think that core gender equals sex equals body. I propose that we separate *conceptually* the knowledge and positive acceptance of one's sex (female) from gender identity (feminine). Although, in the individual's sense of self, knowledge of *being* a

female cannot be separated from some *meaning* of being a female (which itself can never be disembedded from the cultural context), that meaning may or may not be experienced as "feminine" as historically defined. A positive sense of self as female does not necessarily equate with a sense of self as feminine. Just as femininity does not always neatly align with femaleness, each of these is distinct from sexual orientation, which brings us to the complicated issue of bisexuality.

BISEXUALITY

Tyson (1994) states that "[i]f we accept that primary femininity is the earliest stage in the development of gender identity and the 'bedrock' of femaleness, then we have a problem, for alongside primary femininity rests Freud's (1905) idea that we start with a matrix of bisexuality" (p. 454). Tyson believes that a theory regarding an initial bisexual matrix forecloses a theory of primary femininity. This limitation did exist in Freud's formulation of bisexuality, resting as it did on a biological foundation. Freud believed that an inherent, constitutional mix of male and female traits influenced both object choice and the degree of a person's masculinity and femininity. Freud's theory of bisexuality—itself not internally consistent—conflicts with current theory on primary femininity at the level of the body: the girl's earliest sense of her bodily self was proposed by Freud to be not just *bi*sexual, but male and masculine.

Stoller's (1972, 1974b) review of Freud's conceptualization emphasizes Freud's effort to put bisexuality on a constitutional basis: "Of the several fundamental biological questions he found crucial, none played a more central—or fascinating—role for him than that of biological bisexuality" (1972, p. 207). However, Stoller critiques this adherence to biology as the major flaw in Freud's argument. Instead, Stoller (1974b) stresses the psychological basis of bisexuality: "The evidence today does not confirm Freud's belief that intersexuality [biological bisexuality] significantly alters

behavior. On the contrary, it confirms one of his greatest discoveries: psychological forces are crucial in forming human gender behavior'' (p. 394). Stoller maintains that ''bisexuality should still serve as a central theme in understanding human psychology'' (p. 392). I agree that we can retain, as Stoller has, the concept of psychic bisexuality—same and opposite gender self-representations—without putting the girl in a male or androgynous body.

I do not see the coexistence of ''primary femininity'' and an intrapsychic matrix of bisexuality as problematic; these two concepts are not necessarily mutually exclusive. An early sense of self located in a female body can coexist with the unconscious fantasy of potential unlimited by gender. In this sense, bisexual matrix refers to an initial *unlimited,* versus *male,* gender matrix (Fast, 1984, 1990). As Fast explicates, this early representation of self is developing before the girl is aware of sexual difference and before she can conceptualize gender categories. I consider Fast's theory useful in integrating a primary sense of femaleness with psychic bisexuality.

Fast's differentiation model of gender identity posits an initial period in which children are unaware of the limits inherent in being male or female. This original psychic matrix involves the narcissistic illusion of bisexual completeness: ''In early development, children unreflectively believe that all sex and gender possibilities are open to them'' (Fast, 1990, p. 109). When sexual difference is recognized and the notion of gender category is conceptualized, a sense of loss or damage ensues for *both* boys and girls. Cross-sex bodily and psychosocial characteristics are not easily given up. Fast explains that during this phase both sexes ''vigorously assert those sex and gender aspects they believe they must renounce'' (p. 113). It is only over time, with conflict and ambivalence, that personal meanings of maleness and femaleness are elaborated and accepted.

Fast's differentiation paradigm also includes the recognition that, from birth onward, girls and boys are influenced by their

respective female or male anatomy and physiology.[7] These biological factors affect children of each sex in a manner that is "gender-congruent" versus Freud's notion that the girl feels herself to be male or Stoller's idea that the boy experiences himself as female. Children also have experience with parents as beings of a specific sex and gender with whom they develop primary identifications, and these parents respond to the child's sex in particular ways. Thus, early mental representations are influenced by sex and gender in a number of ways, but at the same time these mental representations are "overinclusive." Fast (1990) states: "Prior to the recognition of sex difference, children themselves do not categorize their experience in gender terms. Their gender experience is *in this sense* undifferentiated. No aspect of maleness or femaleness is yet excluded as inappropriate for oneself because one is a girl or a boy" (p. 108, italics added). I concur with Fast's belief that her conception of this earliest matrix can accommodate the fundamental femaleness of the girl and maleness of the boy as well as the psychological manifestations of bisexuality. Fast's theory highlights the wish to be both sexes (Kubie, 1974; Wisdom, 1983)—to be bisexually complete—that occurs in both females and males and the conflicts surrounding this wish.[8]

Thus, we see that sense of self can be influenced from birth by one's core gender—long before sexual difference and category can be conceptualized. One can have an early sense of femaleness and still have bisexual identifications (and thus feminine and masculine elaborations of the self concept—something that Tyson does assert). In addition, being a female with various feminine and masculine identifications is distinct, and can be distinguished conceptually, from being a male with these various identifications. *I suggest that the unconscious assumption of unlimited gender potential*

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[7] This point is consonant with the research of Money and Stoller; while sex assignment can override anatomy, the two factors are always seen as interacting with varying levels of influence.

[8] See Bassin (1996) for a critique and excellent extension of Fast's theory at the postoedipal level.

involves a paradox: it is a mental representation of self where gender limits are not yet known *nor known to have had already* a limiting impact. While the girl and boy may in the early gender-undifferentiated state *share the fantasy* of bisexual completeness, each elaborates this fantasy in a mind that is already differentiated by gender due to the mutual influences of anatomy, physiology (i.e., prenatal hormones), and differential treatment by parents. The shared fantasy is likely to be affected by gender specificity in some way and thus would be a *different experience* according to whether one is female or male. Prior to *recognition* of sexual difference, whatever might be specific to the girl about being female (and this is difficult to determine) will form the bodily, psychic, and object relational context in which *she* unreflectively *imagines* unlimited gender potential. Her psychic landscape will differ from that of the boy in subtle but significant ways, and this subtlety is what the concept of primary femininity is attempting to elucidate.

A concept of core gender identity that does not allow for these various levels of experience regarding one's sex or gender is unsatisfactory. One can know, accept, and enjoy one's anatomical sexual category *and* have contradictory feelings, both consciously and unconsciously, about this core gender identity. Kubie (1974) stresses that "[i]n every other aspect of human life, analysts accept the fact that . . . ambivalence is universal and ubiquitous. It is noteworthy, therefore, that with respect to gender we have tacitly tended to assume that the goal of a human being is to be either one sex or the other" (pp. 359-360). The concept of bisexuality retains the complexity and ambiguity we know to characterize the intrapsychic.

Left out of the foregoing discussion regarding the interplay of bisexuality and a primary sense of femaleness is the issue of object choice and mental representation of the object. Object choice and overt sexual orientation (versus a gender sense of self) have traditionally been the predominant focus and understanding of "bisexuality." As Tyson (1982) has clarified, core gender identity, gender identity, and sexual orientation are distinct. Thus, one can

have a self concept as female and be bisexual or lesbian in object choice.

What is harder to identify underneath overt sexual orientation are the varied and varying same- and cross-sex mental representations of *self and other*. Multiple combinations exist intrapsychically that are not bound to the anatomical sex of the partners or to the core gender identity of either. Recognition of one's core gender identity represents a basic aspect of reality testing (which is curious in itself, given that core gender identity does not have to conform to actual sex); one is assigned to a category and one sticks to it. However, the mind does not like such restraint, has ambivalence about the category, and plays tricks with reality by unconscious (and sometimes conscious) bisexual fantasies of self and other. The concept of bisexuality should illuminate the wish to *be* both sexes (self-representation) and to *have* both sexes (object choice and representation).

Bisexuality does not have to eradicate core female gender identity as it did in Freud's usage. Nor does it have to lead to bedrock theories of penis envy and a sense of castration. Tyson (1994) proposes to *replace* bisexuality with primary femininity in order to avoid these classical constructions, but I think that we can *add* a primary sense of femaleness to a bisexual matrix without coming to Freud's conclusions. I believe bisexuality to be a very rich and useful concept that has been *underutilized*. Stoller (1972) emphasized the centrality of this concept as an essential building block in Freud's theory from his first writings to his last. Freud (1905) himself stated: "[W]ithout taking bisexuality into account I think it would scarcely be possible to arrive at an understanding of the sexual manifestations that are actually to be observed in men and women" (p. 220).

It is true that this concept has been confusing, as Tyson (1994), Schafer (1974), Stoller (1974), and Fast (1984) have all pointed out. However, if we are to discard confusing concepts, much of our theory would go; bisexuality, like primary femininity, needs clarification and refinement. It would be a loss to disregard the

concept of bisexuality, especially in developing new theory on female development. Much work has been done emphasizing that the mother is the first love object for the girl as well as for the boy. The girl's object relational constellation specifically includes the experience of both same and opposite sex object choice.

If the concept of bisexuality is discarded in favor of primary femininity, we are less likely to examine deeply the dynamic issues involved in same sex identification and opposite sex object choice. Our theory then would, as has often been the case, tend toward accepting these outcomes as "natural" and not in need of examination or explanation (Chodorow, 1992; Schafer, 1974). In contrast, opposite sex identifications and anything other than heterosexual object choice would appear as deviation from the "norm," pathological, and thus in need of explanation. Schafer notes that, as early as 1905, Freud "had come to realize that genital heterosexuality is a difficult, imperfect, more or less precarious achievement" (p. 469), and Schafer concludes: "[I]t is one great consequence of Freud's discoveries that our psychoanalytic explanations may no longer presuppose any natural or pre-established culmination of human psychosexual development" (p. 471). As mentioned above, while Horney challenged Freud's formulation, she invoked innate heterosexuality and the naturalness of motherly feeling—a step in a much more conservative direction than that of Freud. I believe we can and must incorporate the concept of a primary sense of femaleness with the concept of bisexuality in order to follow, with an open mind, *various* developmental paths and to keep the more radical reading of Freud as description— description of a patriarchal, misogynistic culture in which femininity can be a constraint and heterosexuality a requirement.

THE FEMALE EGO IDEAL

I will now consider the role of the mother as ego ideal and as an interacting subject. Tyson (1994) focuses on the mother as ego ideal for her daughter, but neglects the specific influence of the

mother as interacting subject. Tyson, like Stoller, emphasizes same sex identifications by the girl with the mother as primary object as central to the development of primary femininity.[9] Especially significant in the girl's superego development, according to Tyson, is her "wish to please and retain the love of the idealized same-sex love object" (p. 457). The girl's self-esteem is based on "her success in achieving some semblance of being like her mother" (*ibid.*). It is from this identification with mother and from "shared feminine activities" (p. 460) that the girl develops a "confident, narcissistically valued sense of femininity" (p. 459).

This emphasis on the girl's identification with her mother as the basis of her ego ideal calls our attention to the relationship with the mother. This does not mean that the ego ideal excludes idealized images of the father and others. However, as D. Bernstein (1993) has indicated, the ego ideal has a gender-specific content, and the mother is likely imagined as the embodiment of this ideal. Moreover, Benjamin (1988) has pointed out the impediments to the girl's gender identification with idealized aspects of the father-image. Thus, the mother plays a central role in the formation of the girl's ego ideal.

Tyson (1989, 1991, 1994) refers to the girl's continuing ambivalence toward the mother as self-generated and maintained, and as a central obstacle in the girl's feminine development. Little attention is given to the *contribution of the mother* in the identifications made by her daughter. In addition, Tyson does not place the meaning of femininity in any sociocultural context, leaving femininity, once it is achieved, as unproblematic.

As a woman in our particular culture, a mother may have a diminished sense of personal subjectivity or agency (Benjamin, 1988). Although it is never the case of one mother in one culture or one story, traditionally, mothers have tended to be preoccupied with responding to the desires of others rather than asserting their

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[9] Although the existence of masculine identifications with opposite sex objects is allowed for in Tyson's and Stoller's theories, these identifications are not actually integrated into discussions of girls' development.

own needs. Though this trend is beginning to change, females frequently have been taught from early on that their role is to please others rather than themselves. While individual women vary in their self-esteem as females, the ways in which, on a cultural level, women can be disparaged and devalued may undercut a positive sense of self. Horney (1926) reminded us many years ago: "In actual fact a girl is exposed from birth onwards to the sugges-tion—inevitable, whether conveyed brutally or delicately—of her inferiority" (p. 338). It is true that the evolving and shifting na-ture of the culture has led to expanded images of women; how-ever, as research on adolescent girls' low self-esteem (Orenstein, 1994) reveals, femininity is still a compromised identity for many. By the time a woman is a mother, she may have absorbed both consciously *and unconsciously* certain negative messages about what it means to be female.

I want to consider what the above issues might mean for the girl in her use of the mother as ego ideal. Throughout this section I will be emphasizing a perspective that I believe has tended to be *omitted from* the literature on primary femininity: the mother's and later the daughter's internalization of the negative valuation of femininity within the culture. This view is not put forth as the *sole* lens through which to view any given female's development.

Bergmann (1982) states that

> as the history of femininity begins before the child is born, the girl's emotional destiny is affected not only by her mother's at-titude towards her own femininity, but by the reliving of the mother's relationship toward her own mother when she was a little girl. . . . The girl must feel welcomed into the world by a mother who accepts her child's femaleness without major psy-chic conflict (p. 175).

The question arises as to how many mothers can and do accept their child's femaleness without significant psychic conflict. Even mothers who experience great pleasure in having a daughter may struggle with ambivalent feelings, conscious or unconscious, re-garding femaleness and femininity. It would seem to be a chal-

lenge for women's attitudes toward their own "femininity" not to be affected, at least subtly, in a detrimental manner by their lifetime of experience in a patriarchal culture.

I. Bernstein (1983) states that a negative attitude on the part of the mother toward her own femininity can be expressed concretely in her handling and care of her daughter's body and genitals and "can set the stage for masochistic responses" (p. 470). With regard to the girl's hostility and ambivalence toward the mother, Freud (1931) suggested that this affect may at times be "supported by an unconscious hostility on the mother's part which is sensed by the girl" (p. 237). Mahler, Pine, and Bergman (1975) noted that children with "less than optimal development" showed ambivalence during the rapprochement subphase in "rapidly alternating clinging and negativistic behaviors" (p. 107). Girls are then described as exhibiting clinging and negativistic behavior without consideration that they might, as a sex, have less than optimal development (Elise, 1991).

The possibilities for optimal development in girls are likely to be restricted or undercut if the culture does not promote self-esteem in females and a positive definition of femininity. The girl's sense of inadequacy and deprivation should not be understood solely in terms of her own personal intrapsychic contribution. Benjamin (1988) describes how a theory of intersubjectivity—"*two* interacting subjects who *each* contribute" (p. 45)—is not inconsistent with an analysis of the intrapsychic. Rather than considering these two views as incompatible, I believe that it is necessary to include both perspectives when trying to fully understand something as culturally influenced as female (or male) development.

I want to state explicitly that certain difficulties in female development may stem in significant part from the cultural devaluation of women, the impact of which the mother may have experienced with her own mother and which in various ways may filter into her interaction with her daughter. The difficulty therefore that girls sometimes have with disappointment or with the resolution of aggression, for example, may be seen *in part* as a symptom of the

cultural devaluation that may be embedded in the mother's psyche, in her interaction with her daughter, and subsequently in her daughter's psyche.

Tyson (1982) was attentive to issues of domination and devaluation regarding the development of masculinity; these issues also need to be applied to the girl's development. Tyson emphasized that

> if mother dominates and devalues father and his masculinity, or if father is unreliable, passive, or absent altogether the boy may have difficulty in valuing and identifying with the male role. He may see little apparent narcissistic advantage in identifying with men or in assuming a male role; rather, he may fear that the assumption of a male role may mean devaluation, domination, and belittlement (p. 67).

I believe that these considerations should not be left out of an understanding of how the concept of the ego ideal and of the girl's need for an idealizable mother influence the *girl's* development.

In her most recent paper centering on a female patient's case material, Tyson (1994) suggests "that we investigate the role of superego functioning" in understanding a woman's sense of inadequacy and deprivation, "instead of automatically invoking a sexual or a gender explanation" (pp. 456-457). Rather than viewing her patient's feelings of inadequacy and deprivation as a sense of anatomical inferiority leading to penis envy, Tyson proposes the following sequence. Since the girl needs the mother as an ego ideal, she has difficulty resolving feelings of anger toward her mother. Not only is the idealized mother internalized as a set of perfectionistic requirements, but unresolved hostility, in particular, maintains a pervasively harsh, critical, and condemning superego. Feelings of inadequacy, loneliness, and depression result.

Tyson (1994) describes her patient's "repetitive fantasy of having a hole in her pocket. She went into the forest where the fairies danced for her and gave her a dime. But on returning home, she discovered that her dime had slipped through the hole in her

pocket. She was always angry that her mother refused to sew up the hole, for she would have been rich had she been able to hold on to her dimes'' (p. 458). Tyson understands this fantasy as a representation of the patient's unresolved anger at her idealized mother, internalized in the superego, leaving her "feeling like a lonely, cheated, powerless child'' (*ibid.*).

Let me offer the following alternative analysis of the patient's fantasy of having a hole in her pocket. Initially, fairies, small but magically powerful females, supply the girl with potential riches in the form of dimes that should be able to be accumulated. However, the girl cannot hold on to, let alone accumulate, this value. With pocket as symbol for female, the hole in it represents a hole in the female sense of self that both mother and daughter share (which is why the mother cannot fix it). Thus, the hole in the pocket comes ultimately to represent a hole in the daughter's idealization of her mother.

I maintain that superego functioning *is* a gender explanation. As D. Bernstein (1993) has indicated, gender pervades *every* aspect of mental functioning. Bernstein describes the content of the female superego as including injunctions to "be good," not angry or aggressive; the mother is the basis of the ego ideal. As Tyson (1994) states, "the girl looks to her mother to admire, idealize and emulate'' (p. 457). Unfortunately, this aspiration may be hampered to varying extents in our society. Although wide variation in individual mothers and daughters certainly exists, any given girl may be caught not just in a struggle within her own psyche, but with her mother in a particular cultural context. I believe that a girl becomes angry and disappointed in a mother who *cannot* be idealized (in a modulated, but sustainable manner). A girl's increasing confrontation with a de-idealized mother is in itself a stimulus to anger. Then, the mother's response to her daughter's anger and general expression of aggression becomes an additional factor.

In a previous paper (Elise, 1991) on gender differences in separation-individuation, I emphasized that girls are likely to be discouraged by the mother from expressing aggression. I used as

example Mahler and co-workers' (1975) description of Donna, a
girl endowed with seemingly optimal mothering, who did not live
up to positive expectations in her process of separation and indi-
viduation. The authors acknowledged only retrospectively that
Donna's mother was intolerant of her own aggression and of her
daughter's aggression and was subtly discouraging of her daugh-
ter's individuation.

Aggression can be a valuable trait; we do not let females have
enough of it, and we permit males to overdevelop it. Not only can
a girl's anger get in the way of her relationship with her mother,
her relationship with her mother (among *many* other contributing
factors) can get in the way of her anger. We consider this dynamic
to be less prevalent now than in the past. However, Campbell, in
a 1993 book on gender differences and aggression, states, "The
most remarkable thing about the socialization of aggression in
girls is its absence. Girls do not learn the right way to express
aggression; they simply learn not to express it" (p. 20). Campbell
goes on to discuss mothers' use of "relational control" to discour-
age aggression in daughters: mothers "drive home the message
that maintaining relationships requires the suppression of aggres-
sion" (p. 24). If we want girls to have a sense of agency as females,
we need to facilitate, not restrict, various forms of aggression—
anger, activity, assertion. *And* we need to have a societal context in
which mothers (as well as fathers) can be *truly and sustainably*
idealized by girls (and by boys).

I consider Tyson's patient's unremitting idealization of both
mother and analyst as possibly defensive—a wish that it be so. I do
not feel convinced that she has "a sound sense of femininity"
(1994, p. 462). I view her intense shame about sexuality and her
inability to imagine that a man could love her as expressions
perhaps of a deeper underlying fear that neither she nor her
mother is truly valuable. She may have settled on the surface for
the solution that mother/analyst is ideal and that she is inad-
equate, but this could represent a typical childhood compromise
of sacrificing the self-image in favor of retaining an idealizable
parent. Her sense of self as inadequate could be seen as an inter-

nalized representation of a mother-daughter relationship that itself may have been inadequate or depriving in certain respects.

CONCLUSION

Current theory on the girl's earliest sense of self in relation to a mental representation of her own female body advances a psychoanalytic understanding of female development. Tyson (1994) asserts that "[t]he girl's genitals and their associated . . . sensations, are experienced as an integral and protected, yet easily located and stimulated, part of her body from the beginning; they are not experienced as an appendage seemingly vulnerable to loss as is the case with the male" (p. 452). It does seem that simple observation of male genitalia almost begs for a theory of castration anxiety—*in males*. Anatomically, the penis and testicles do look quite vulnerable—soft, fragile, easily hurt, small in relation to the overall male body, and, without a wide base of attachment, not particularly secure. Why has there been so little focus on these observations throughout one hundred years of psychoanalytic theory? Instead, female bodies have been viewed as deficient, lacking, injured or vulnerable to injury, hidden and mysterious. We have adhered to these images despite the feeling of many women that these images do *not* coincide with their own sense of their bodies/genitalia or with their view of men's bodies.

I have repeatedly wondered why it is that the girl's genitalia are regarded in psychoanalytic theory as hidden, inaccessible, and wounded. As Lerner (1976) pointed out in her article on parental mislabeling of female genitalia, girls may be in the dark with regard to their own bodies not because of female anatomical configuration, but from the "incomplete, undifferentiated, and often inaccurate picture of female genitals" (p. 282) provided by adults. "The fact that the girl's own exploration of her genitals is not corroborated or paralleled by information from her environment may lead to anxiety, confusion, and shame regarding her sexuality" (p. 276). Psychoanalytic theorists, as well as parents, may be

guilty of not being able to "call it like it is" regarding female genitalia and of projecting this image of the unseen and unidentifiable onto the girl. After all, though it is not considered "ladylike," it is not *that* difficult for the girl to sit with her legs apart and examine her own genitals.

I hope that we are getting closer to what it actually means to be a female, to understanding the experience of being in a female body before this experience is so overloaded with cultural constructions regarding femininity. However, immediately we have a contradiction: there is no "before" when it comes to the overloading of the social construction of gender; at birth, and often before, parents are shaping their child according to sex; the pink or blue blanket envelops each infant in a gender cocoon. A primary sense of femaleness can never in reality be separated from social meanings of gender.[10] A focus on the body and a continued awareness of the cultural imposition of gender starting from the earliest moments of life seem key to our efforts at theory building.

We need to examine and reconsider a number of issues in current theory regarding female development. With both mother and daughter residing in a patriarchal culture, female difficulties, including a sense of inadequacy, deprivation, and unresolved anger, may persist. While this paper has focused on the cultural embeddedness of these difficulties as a balance to a focus on biology and the "purely" intrapsychic, I intend my discussion to promote future, more complex and richly textured articulations of the mother-daughter relationship. Attention to the varied, multilevel factors that detract from, rather than strengthen, female self-esteem will eventually facilitate improved developmental experience for girls.

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[10] I thank Elizabeth Lloyd Mayer (personal communication) for emphasizing this point.

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Fairbairn and the Origins of Object Relations. Edited by James S. Grotstein and Donald B. Rinsley. New York/London: The Guilford Press, 1994. 350 pp.

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BOOK REVIEWS

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FAIRBAIRN AND THE ORIGINS OF OBJECT RELATIONS. Edited by James S. Grotstein and Donald B. Rinsley. New York/London: The Guilford Press, 1994. 350 pp.

Many analysts believe that a change in scientific paradigm has been evolving in contemporary psychoanalysis, a shift from processes believed to originate in the depths of an isolated mental apparatus to processes understood as taking form within a relational matrix,[1] or constitutive intersubjective systems.[2] From the perspective of this evolving paradigm, phenomena that have been the traditional focus of psychoanalytic inquiry are grasped, both developmentally and in the psychoanalytic situation, as crystallizing at the interface of reciprocally interacting worlds of experience.

Fairbairn and the Origins of Object Relations, with a list of contributors that reads like a *Who's Who* of contemporary object relations theory, is a testament to Fairbairn's early contributions to this paradigm shift. The book's title can be read as having a double meaning that points to its dual focus: Fairbairn's theory of the origins of object relations and Fairbairn as an originator of object relations theory. Taken together, the chapters in this valuable anthology suggest that Fairbairn may be viewed as a transitional figure in the theoretical evolution I have described. While taking a significant step in the direction of relational-model theorizing (Mitchell), he nevertheless kept one foot firmly planted in what I have called "the myth of the isolated mind" (see footnote 2).

As is chronicled by nearly every contributor to the volume (the repetition certainly drives the point home), the foundation stone of Fairbairn's metapsychological edifice is his postulation of the motivational primacy of personal relatedness rather than instinctual discharge. Hence, libido for Fairbairn is always object-seeking rather than pleasure-seeking, relational rather than hedonic. Child-caregiver relationships undergo internalization, according to Fair-

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[1] Mitchell, S. A. (1988): *Relational Concepts in Psychoanalysis: An Integration*. Cambridge, MA: Harvard Univ. Press.

[2] Stolorow, R. D. & Atwood, G. E. (1992): *Contexts of Being: The Intersubjective Foundations of Psychological Life*. Hillsdale, NJ/London: Analytic Press.

bairn, only when they fail. The child adapts to depriving, ruptured, or traumatizing relationships by taking into himself or herself the badness of the needed other, thereby safeguarding the tie, preserving the hope of extracting love, and achieving the illusion of omnipotent control over the surround. An endopsychic world riddled with splits and repressions thus becomes established as a defensive and compensatory substitute for the faulty relationships with caregivers. Most important for the shift in scientific paradigm, from Fairbairn's viewpoint the basic structuralization of the psyche is seen as resulting from early patterns of experienced interaction with others. Psychological development is a property of the child-caregiver system.

Although Fairbairn highlighted the crucial importance of the surround in early developmental experiences—what Mitchell aptly terms the "developmental tilt"—in Fairbairn's theoretical vision the endopsychic world, once established, is pictured as operating as a closed system. The internalized object relations are seen as dynamically active structures that behave at times like drives, at times like demons—autonomously and with a life of their own. Thus, in his view of the fully structuralized psyche, Fairbairn reverted to an image of the isolated mind, a mind whose dynamisms are insulated from the constitutive impact of the surround.

Fairbairn, largely adhering to classical technique in his clinical work, attributed the patient's transference experiences solely to the activation and externalization of repressed bad object relations to which the patient had remained attached and intensely loyal. Fairbairn and those who have followed him thus perpetuated the cordon sanitaire that Freud wrapped around the presumptively neutral analyst, a remnant of isolated-mind thinking that precluded the recognition and investigation of the part played by the analyst's personality, theoretical assumptions, technical stance, and interpretive activity in codetermining the evolution of the patient's transference experience. Although he believed that the analyst's benign interest and concern could have a therapeutic effect in perturbing the closed system of bad object relations materialized in the transference, Fairbairn did not recognize or attempt to investigate the ways in which qualities and activities of the analyst lend themselves to the perpetuation of the very system that the analyst seeks to challenge.

From Grotstein and Rinsley's excellent anthology thus emerges a portrait of Fairbairn as a transitional figure who, in his developmental

theory, sought to move psychoanalysis toward a relational, intersubjective perspective, but who, in his view of the structuralized psyche operating within the psychoanalytic situation, remained entrenched in a mythology of isolated endopsychic entities. The volume is a rich resource documenting Fairbairn's historical importance in the ongoing evolution of psychoanalytic thought.

ROBERT D. STOLOROW (LOS ANGELES)

EMOTIONAL UNDERSTANDING. STUDIES IN PSYCHOANALYTIC EPISTEMOLOGY. By Donna M. Orange. New York/London: The Guilford Press, 1995. 226 pp.

One-hundred years after Freud introduced psychoanalysis as the "laborious but completely reliable method" of his investigations of the "psychical process"—investigations "which also constitute a therapeutic procedure"[1]—we still struggle to understand in all its complexity the revolution he began. To this epistemic task Orange brings high academic credentials in philosophy, psychology, and psychoanalytic studies, as well as clinical experience in psychoanalytic therapy. Starting with the assumption that psychoanalytic understanding is central to healing emotional wounds, she traces the historical-philosophical roots of the concept of understanding from Plato and Aristotle via Kant, Hegel, and Dilthey to Heidegger and Gadamer. She rejects both traditional objectivism and contemporary relativism as too extreme and theory-bound. Instead, she argues for a more clinical, perspectival realism that conceptualizes psychoanalysis as "making sense together," an emotional understanding in which both analysand and analyst are active participants.

The pivotal clinical concepts of understanding, explaining, and empathy are traced from ancient historic roots via Spinoza, Buber, and Peirce to Kohut. Similarly, Orange explores the concepts of individual psychological development from Freud and Ferenczi to recent infant research as exemplified by Stern. She examines the challenge by relational theorists (Racker, Gill, Hoffman, Mitchell, Greenberg) to most developmental conceptions but counters their

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[1] Freud, S. (1886): Further remarks on the neuro-psychoses of defence. *S.E.*, 3:162.

objections by pointing out that transference and countertransference are themselves developmental and relational ideas. Her philosophical perspective and clinical experience lead Orange toward a metapsychologically intersubjective view of psychoanalysis that makes her in practice a self psychologist. However, she is critical of any search for theoretical certainty and instead urges a readiness to be surprised and prepared to admit theoretical and clinical mistakes.

The chapter, "How Does Psychoanalytic Understanding Heal?," finally deals with the question of therapeutic action. After re-examining the history of Freud's early cathartic theory and his later concept of making the unconscious conscious, Orange reviews Ferenczi's dissenting focus on the emotional quality of the unique psychoanalytic bond and the therapeutic potential of regression and emotional reliving in the transference. She then traces the theories of the therapeutic action in psychoanalysis from Strachey, Suttie, Fairbairn, Winnicott, Balint, Bowlby, and Loewald to Kohut and contemporary self psychologists. At the same time she calls attention to the conceptual shift from drive to the organization of relational experience, from scientific objectivism to hermeneutic perspectivism, and from values of independence and isolation to those of interdependence and community that lie behind these newer theories of psychoanalytic healing. Kohut's concept of the selfobject within the frame of Bowlby's attachment theory becomes Orange's core of psychoanalytic cure. Empathy, optimal frustration and optimal responsiveness, transmuting internalization, interpretation, and insight are way stations on the road to the emotional experience, the "primary selfobject relatedness," that reorganizes the self experience into a stronger, healthier, and more creative self.

ERNEST S. WOLF (WINNETKA, IL)

RESEARCH IN PSYCHOANALYSIS: PROCESS, DEVELOPMENT, OUTCOME. Edited by Theodore Shapiro and Robert N. Emde. Madison, CT: International Universities Press, Inc., 1995. 447 pp.

The editors probably would have sold more copies of their book if they had changed its title, dropping the term "Research" and changing the title to *Process, Development, Outcome in Psychoanalysis: Implications for Psychoanalytic Technique.* Almost all the potential readers of this book are psychoanalytic clinicians, and clinicians' lack of interest

in research findings remains a substantial problem for psychoanalysis. The clinician's point of view is stated baldly by Jacob Arlow. First, in traditional analytic style, the researcher's motivation is "analyzed." Research is seen as "evidence of persistent doubt concerning the 'truth' of psychoanalytic findings, and . . . interest in such research represents an effort on the part of the researchers to repudiate some unacceptable knowledge about their own motivation, conscious or unconscious. In addition, there are special features of the analyst's inner experience while he is at work processing the patient's material that tend to render issues of empirical confirmation irrelevant or at least peripheral to his interests" (p. 143). Theodore Shapiro seconds this theme, questioning the relevance of research findings for his practice. Donald Spence takes the researchers to task: "Until the research literature begins to include more traditional clinical language and speaks to present-day clinical concerns, there is no reason why even the more curious clinician would want to read it" (p. 141).

Actually, the book contains implications for psychoanalytic practice that are substantial and perhaps even profound, but it fails to highlight these for the clinician. There are several negative implications concerning the shibboleth of psychoanalysis, transference. Several studies (Luborsky) document empirically what is obvious to analysts in case discussions and study groups: that analysts cannot agree on transference interpretations and that transference interpretations cannot be made reliably (excluding Luborsky's CCRT). Further, in highly sophisticated studies, Caston has demonstrated that, distinctively among technical concepts, transference interpretations are so strongly a function of the analyst's preconceptions that they are essentially stereotypes that are *uninfluenced by whether or not the analyst has access to the patient's process data.* Furthermore, in the only two studies of psychoanalytic treatment that have examined both process and outcome (Wallerstein and Kantrowitz), transference resolution was found *not* to be critical to therapeutic benefit.

Clinicians, perhaps because of the idealization of "the analyst's inner experience," can and do ignore the implications of these findings and cling to their conviction of the irrelevance of "empirical confirmation," and they continue making their idiosyncratic, stereotyped transference interpretations. To those who will listen, there are some clear implications. Current clinical application of the theory of transference is unsatisfactory and should be re-examined. Analysts

have lost sight of the realization that transference is a theory, a hypothesis, and not an established fact. That its use is so stereotyped as to be independent of the patient's process data should sound an alarm that we need to rethink the theory of transference, to reconsider how and whether it can be validated, and whether some modified or alternative conception would be more effective clinically.

There are also some positive implications for technique from developmental research. Osofsky, Main, Fonagy, and Heinicke, working in different ways, emerge with converging conclusions. Affective attunement and empathy by the caregiver serve to enhance the child's trust in the caregiver's availability and ability to be helpful, and the child's feeling of security. In turn, this trust and security increases the child's capacity to deal with stress and trauma. What applies to childhood development seems likely to apply to adolescent development as well. And why not to adult development also? Here then is an implication relevant to current controversies concerning one-person versus two-person models of analytic treatment: abstinence and neutrality versus empathy and responsivity. How central to issues of technique is patient-analyst interaction? The implications of developmental research come down squarely on the model of the analyst-caregiver as empathic and responsive, as Joseph Lichtenberg attests.

Feeding the controversy of abstinence and neutrality versus empathy and responsivity is Horowitz's conclusion, "This effect of a positive association between expressive technique and superior outcome in more neurotic patients, but not in more severely impaired ones, with a reverse effect for more supportive technique in the neurotic patients has also been found by other investigators" (p. 84). Thus, Horowitz reports that supportive techniques, which presumably would include empathy and responsivity, have a negative effect on therapeutic benefit in neurotic patients and a positive effect in sicker patients with lower level of self-schematization. To what extent that result reflects analysts' attitudes and expectations that empathy and responsivity should be used as sparingly as possible with neurotic patients and are likely to be counterproductive cannot be determined. These intriguing implications for technique support Arnold Cooper's observation that the most interesting aspect of psychoanalysis is not its outcome but its process ideas.

As with all research, questions can be raised about the developmental research. The studies described report association between

caregiving and child development, but association per se does not establish causation. Fonagy approaches causation most closely in demonstrating differential effects on the child from the caregiving of mother and father. He criticizes the attachment model in which the parents' childhood attachment experiences influence their child's mental representations of child and parent. This determines the quality of the child's attachment to the parents, since all children of the same parents might be expected to manifest the same pattern of attachment—a theory not supported by empirical evidence.

Although familial characteristics are being examined in these developmental studies, the possible role of genetic factors is not considered. Indeed, neither "heredity" nor "genetics" is included in the index.

Main's replicated finding that secure infants had the most sensitive and responsive mothering is striking, but her categorization, like that in the Haggadah, that there are four kinds of children, gives one pause, especially when she also categorizes adults into four types. Psychoanalysis and psychiatry have found it useful to employ a more differentiated categorization. Parenthetically, it would be of interest if Main would address the question of what enabled some parents who reported disturbing attachment histories of their own childhood to become sensitive and responsive caregivers nevertheless.

A further implication for technique inheres in Judy Kantrowitz's outcome study. She reports that the analyst's evaluation of treatment at the time of termination is the most positive, that the patient's evaluation at a later, post-termination time is less positive, and that an objective observer's evaluation at a post-termination time was the least positive. This suggests that analysts should consider that their evaluation of treatment at termination is likely to be biased positively, and that they could probably achieve a less biased, more valid evaluation if it were conducted following some time interval after termination.

To turn from implications for technique to the research reports themselves, we have presentations of the state of the art from most of the intrepid band of researchers who have worked for years on the complex problems of assessing the psychoanalytic enterprise: Weiss, Teller, Dahl, Caston, Horowitz, Jones, Kächele, Thomä, Spence, Hobson, Bachrach, Wallerstein, Kantrowitz, Luborsky, Kernberg,

Galatzer-Levy, and Emde. Space does not permit discussion of each of these reports. In 1972, Hartvig Dahl called for a new approach to psychoanalytic research, and at the core of his proposal lay a commitment to a new form of data collection based on verbatim transcripts of recorded psychoanalytic data, and on the then emerging computer techniques for processing language text.

Perhaps one of the best known research efforts is that of Luborsky, who has developed the Core Conflictual Relationship Theme (CCRT), which is a formalization of a clinical system for transference formulation. It refers to the patient's wishes toward other people, expected responses of other people, and responses of the self. CCRT can be assessed reliably by different analysts, in contrast to clinical transference interpretations. In support of the hypothesis that the relationship pattern originates in early parental relationships, Luborsky has been able to establish that relationship themes are present at age three and remain consistent to age five. To what degree that reflects parental impact and to what extent it may reflect genetic influence was not examined.

Luborsky wonders why clinicians generally have not been searching harder for improvements in their method of transference formulation. He does consider the extent to which the CCRT can be used as a measure of the clinical concept of transference. So far, he has examined only a few cases in which they compared clinical transference formulations and CCRT-guided ones. As expected, the clinical formulations showed relatively poor agreement. Cooper did comment that the CCRT ''is not entirely relevant to what we do when we are doing analysis'' (p. 389).

Several limitations that apply to a number of the research enterprises can be mentioned. Development of research techniques takes such a long period and is so consuming that it is difficult for the researcher to keep abreast of current clinical and theoretical developments. Weiss, for example, seems to have made the least transition from a one-person to a two-person model of psychoanalytic treatment. Another limitation is one that probably applies to all data-collecting projects, that of taking account of context. How can they deal with the impact on the session of the way patient and analyst interacted in the waiting room, and walked to the couch as well as the interaction as the patient was going out the door? The larger dimension of context—all of the patient's experiences outside the office,

between sessions, some of which may be referred to and others not—
is implicated.

The book displays a dazzling array of the state of the art of research
in psychoanalysis. To many clinicians these multiple, unfamiliar, com-
plex, sophisticated systematic approaches to psychoanalytic treatment
are little short of bewildering. Beginning efforts to compare these
approaches to each other and to clinical formulations will assist cli-
nicians trying to familiarize themselves with what each has to offer. At
the moment, this book is far and away the best guide you can find.

JOSEPH SCHACHTER (PITTSBURGH)

THE SUPERVISORY ENCOUNTER. A GUIDE FOR TEACHERS OF PSYCHODY-
NAMIC PSYCHOTHERAPY AND PSYCHOANALYSIS. By Daniel Jacobs,
M.D., Paul David, M.D., and Donald Jay Meyer, M.D. New Ha-
ven/London: Yale University Press, 1995. 285 pp.

With a title well chosen, the authors present their thesis clearly: su-
pervision is an encounter between two people: one more experienced
in teaching and evaluating, another aspiring to be an analytic thera-
pist. This encounter is steeped in mutual respect while supervisor and
supervisee learn together about the patient, about one another, and
about themselves. In an interesting stylistic choice the supervisor is
referred to as "she" throughout the book, a choice in keeping with
the gentle and sensitive atmosphere which the authors convey.

For the authors, supervision is a process of mutual collaboration
and joint discovery aimed at helping students expand their thinking
and their ability to use their feelings while forging a better under-
standing of themselves and their patients. Jacobs and his co-authors
open up for us the rarely discussed issue of the inner experience of
the supervisee and of the supervisor and its influence on the devel-
opment of the supervisory relationship. Meaning in the supervisory
space is co-constructed. What helps deepen the supervisory dialogue
and what limits the ability of teacher and student to talk openly with
one another are the primary concerns outlined in the introduction.

After a brief history of supervision the authors focus on the open-
ing phase. They recommend what amounts to a supervisory assess-
ment of supervisees, with the idea of getting to know them in the
context of their training and prior supervisory experiences, as well as

their strengths and weaknesses. They stress the student's narcissistic vulnerability and the need to address it in a kindly and understanding way. The student is also given an opportunity to get to know the supervisor, thereby initiating an atmosphere of collaboration and safety. The supervisor's own vulnerabilities and challenges as she starts with a new trainee are taken up as well. As they do throughout the book, the authors provide numerous clinical examples in a flowing and eminently readable style. Of these, the discussion of a trainee's association to his patient as a "slug" stands to become a classic in the annals of supervision.

The authors then develop their thesis, with a focus on trying "to understand how the trainee critiques, assesses, and integrates new experiences and new knowledge" (p. 55). They devote two chapters to the discussion of four modes of thought: inductive, associative, creative, and self-reflective. The supervisor is then in a position to help students become more aware of their own style of listening. What makes these chapters particularly interesting is that they also invite us to reflect on the relationship between cognitive style and interactive dynamics, not only in supervision but also in treatment. This is a clear example of a contribution to the study of supervision enhancing our clinical acumen with patients.

The focus then shifts to affects and the important but difficult questions of how personal supervision should be and what role affects play in professional development. The authors stress that affects, particularly the trainee's, cannot be avoided without significantly limiting the depth of the dialogue. In fact, at times, it will be the central concern of the supervision: "Our aim is to outline an educationally useful but personally respectful way of dealing with those moments" (p. 142).

This aim the authors do fulfill. After an outline of different supervisory interventions, they expand their discussion of affects to the self-esteem of the supervisee, the power differential in supervision, and the supervisor's own narcissistic needs and conflicts. The book concludes with another rarely discussed issue in supervision: termination, its importance and pitfalls. A chapter on ethics and boundaries would have enhanced the book since the theme of mutual respect is so central to its thesis.

The ideas expressed in this book are a sensitive application to supervision of the recent advances made in our understanding of the

psychoanalytic process.[1] They are imbued with ideas from Winnicott, Kohut, and Stolorow. They represent a reaction to the idea of the supervisor as authority, in the authoritarian sense. In that regard the authors take a profoundly analytic approach to the supervisory situation. They invite us to devote to the supervisory process the same scrutiny as to the analytic process, a notion recently developed by Skolnikoff.[2]

Jacobs, David, and Meyer give us an excellent starting point from which to elaborate on issues such as how to help the supervisee tolerate and work with the anxiety inherent in having one's work examined. However, the majority of the examples in the book pertain to beginning therapists. So the strength of this book lies in its exquisite sensitivity to the narcissistic struggle of the beginner. *Its weakness is in the implication, at least at times, that this may be sufficient.* For instance, the supervisor's offering tentative alternatives is not necessarily, as the authors claim, a mark of respect for the supervisee. A supervisor as authority, in the sense of knowledge and experience, can offer a differing opinion with clarity and conviction while showing respect for the supervisee. She might have assessed that the supervisee would gain in self-esteem from dealing with the challenge.

Finally, while the authors develop many sound and useful principles in their approach to supervision, their claim that they are offering a theory of supervision is not so clearly substantiated. For instance, the issue of the parallel process is relegated to a small section on interpretation: "This more controversial kind of intervention . . ." (p. 202). A theory of supervision ought to account for this most important aspect of the supervisory process.

Still this is a book which deserves to be read and reread. Elsewhere I have recommended that a course on supervision be part of any psychoanalytic training program.[3] This book would top my reading list.

JEAN-PAUL PEGERON (ANN ARBOR, MI)

[1] Boesky, D. (1990): The psychoanalytic process and its components. *Psychoanal. Q.,* 59:550-584.

Jacobs, T. J. (1991): *The Use of the Self: Countertransference and Communication in the Analytic Situation.* Madison, CT: Int. Univ. Press.

[2] Skolnikoff, A. Z. (1997): The supervisorial situation: intrinsic and extrinsic factors influencing transference and countertransference themes. *Psychoanal. Inquiry,* 17:90-107.

[3] Pegeron, J.-P. (1996): Supervision as an analytic experience. *Psychoanal. Q.,* 65: 693-710.

ON TRYING TO TEACH. THE MIND IN CORRESPONDENCE. By M. Robert
    Gardner. Hillsdale, NJ/London: The Analytic Press, 1994.
    163 pp.

The "hidden question" is the centerpiece of Robert Gardner's vol-
ume of brief essays on teaching. "On becoming more attentive to
questions my students were trying most to ask, I was surprised to
find . . . the most promising and urgent questions were frequently
asked at edge-of-awareness: Nascent questions, latent questions, qua-
vering questions, hidden questions, questions almost-but-not-quite-
asked . . ." (p. 80). Gardner's student, like a psychoanalytic patient,
communicates indirectly, hoping that the latent, hidden question will
be "answered." Hearing the question requires a forbearance from
the "furor to teach," a teaching disorder analysts are particularly
prone to. Teachers have a strong urge to teach what they want to, not
what the student wishes to learn.

   In other words, what is required is a psychoanalytic sort of listening
to the student, picking up on "irrelevant" side comments, body lan-
guage, and affect. Just as the student's overt questions are not what
the teacher should respond to, the teacher should not try to tell the
student what to do, as tempting as this is. Such an approach, accord-
ing to Gardner, would be akin to making id interpretations. Instead,
the teacher's response should be given by indirection. Gardner does
not prescribe how the teacher should intervene, recognizing that
different styles of teaching are comfortable for different teachers.

   I recently began supervising a psychiatric resident relatively well
grounded in the principles of psychoanalytic psychotherapy, though
not very experienced in its practice. She presented a clinic patient
who seemed treatable, on the neurotic end of the spectrum. Despite
what I felt was reasonably good work, and a rather sophisticated
understanding of the patient's process, the resident bemoaned her
lack of ability to treat the patient properly. Over several more meet-
ings this unhappiness rose to the level of "I'll never be able to do this
work!" While my impulse was to reassure her once again, I found
myself thinking about Robert Gardner's "hidden questions." What
was my supervisee concerned about that was taking this intense and
inconsolable form? I noted to her my sense of a countertransference
involvement that seemed out of proportion to the difficulties of the

treatment. She quickly agreed. Could there be other things on her mind that were creating this feeling of helpless incompetence? First, she told me about her young son, who was having migraines. Though she had been reassured by her pediatrician and an MRI, she was still worried. I pointed out again that her worry seemed out of proportion to the facts; could there be anything else on her mind? "Well, my husband has been out of work for several months," she said. What emerged was that my supervisee was not only concerned about the family's economic situation, but, more crucially, she felt unable to help because her husband's personality style and background made any active intervention on her part futile. After a discussion of her situation and my encouragement to consider various alternative steps she might take, she was able to return to psychotherapy supervision more calmly and optimistically.

For most of us, learning is a lifelong enterprise. Spurred by iden-tification with our own teachers, many of us also spend much time teaching others. Yet we spend little time learning how to teach, or thinking about the problems of teaching. Robert Gardner's *On Trying To Teach* approaches these issues in a style that is directed to anyone concerned about teaching and learning. He raises tough issues and provides his own answer, one that is very psychoanalytic. The book is full of good observations about teaching and teachers, and about students. There are also limitations.

One is style. Gardner admits his admiration of the essayist, E. B. White. His style of writing is a tribute to White—but I frequently found this becoming a distraction. As an essayist, White (also the author of *Charlotte's Web* and *Stuart Little*) wrote of everyday topics with a teasing, gentle wit. White had a wonderful ability to move between the serious and the comic. He could juxtapose the foibles of his dachshund, Fred, with the politics of the McCarthy period. Gardner's version of White tends to be more relentless and cute. Perhaps the problem is that we are accustomed to humor at the beginning of speeches and essays, but expect an author to "get down to business" when he begins his thesis. In Gardner's favor is the fact that his style is an antidote to psychoanalytic discourse that bogs down in technical language and overseriousness.

The other problem with *On Trying To Teach* is that it promises more than it can deliver. The first half of the volume, for example, is

devoted to showing that every enthusiastic teacher is a dangerous zealot, forcing on the student what he or she wants to teach and ignoring what the student is ready or able to learn (Gardner admits he himself was guilty of this for many years). Further, he argues that every previous theory of education is wrong. Such sweeping criticism sets up an expectation of a broad, profound new thesis from the author. While Gardner's idea of hidden questions is extremely useful, especially for the psychoanalytic supervisor, it has significant limitations as a general theory of teaching.

For example, in my institute, candidates in recent years are entering with less and less prior exposure to psychoanalytic ideas. They are not comfortable with a seminar teaching style, commonplace ten or fifteen years ago, that could be characterized as, "What did you think about the readings?" They want more structure from the teacher for the discussion. While the faculty values spontaneous group discussion, we have found it helpful to prime the pump with some lecture material and prepared questions. As the candidates advance in psychoanalytic experience, the discourse becomes more that of a graduate seminar. I doubt that Gardner would argue with how we have accommodated to our candidates, but one of his major conclusions about seminar teaching is that fewer seminars would free teachers for more one-on-one teaching. This is a reasonable proposal for psychoanalytic institutes to consider, but it acknowledges that the hidden question approach applies best to supervision/tutorial teaching.

Gardner has a number of observations about the learning/ teaching process. Perhaps the most important involves an understanding of how students learn, and how they do not learn. Gardner points out that the student must be ready, willing, and interested in learning what the teacher has to teach. Or, to put it another way, the teacher should try to understand what the student is trying to learn, as with hidden questions. "Do not try to teach any student how to get anything right till taking into account what that student is trying to get right" (p. 118). This recognition that the process of learning is going on within the student, that the teacher is a facilitator of the process, is a good example of the sophisticated use of psychoanalytic understanding in another realm (although psychoanalysis, is, of course, itself an educational process).

When Gardner is sweeping in his criticism of most education for inflicting teaching on unwilling students, he seems unaware of the socializing function of education. That is, many educational experiences are intended to inculcate particular ways of thinking and acting. This is certainly true of psychoanalytic training. What Gardner values is the capacity to think creatively—also a crucial ability for a psychoanalyst in the clinical situation. He discusses this polarity in a chapter on creativity versus discipline, but it is clear which he values most.

There is much in this very readable volume for a wide variety of teachers, most especially for psychoanalytic supervisors. Given the limited literature on this important subject, *On Trying To Teach* is a valuable contribution to an area too often ignored.

RICHARD ALMOND (PALO ALTO, CA)

THE BIRTH OF HATRED. DEVELOPMENTAL, CLINICAL, AND TECHNICAL ASPECTS OF INTENSE AGGRESSION. Edited by Salman Akhtar, M.D., Selma Kramer, M.D. and Henri Parens, M.D. Northvale, NJ/London: Jason Aronson Inc., 1995. 172 pp.

It seems to me that there has been a recent resurgence of psychoanalytic interest in love and hate. This book is one of several recently published on the subject. It is comprised of the five papers and three discussions which were presented at the Twenty-fifth Annual Margaret Mahler Symposium.

Selma Kramer leads off with a paper entitled "Parents' Hatred of Their Children: An Understudied Aspect of Cross-Generational Aggression." Parricide has its counterpart in filicide. Witness the myth of Oedipus itself, an instance of child abuse at the start, and the many other violations of the rights of children. An extension of her thesis is that wars are declared by older men who then send their sons off to fight and to die.

Three papers by Harold Blum, Otto Kernberg, and Fred Pine, together with their formal discussants, form the centerpiece of this book. Blum's paper, "Sanctified Aggression, Hate, and the Alteration of Standards and Values," extends the forming of the individual

superego to its various transformations within the group, the gang, and the mob under the sway of a charismatic leader. Among the several important points he makes, Blum, in following Schafer, says that "object love, more than fear of disapproval, fuels superego development" (p. 30). This point might make us take another look at our usual ideas when we talk about the primitive/archaic superego as being only harsh and punitive.

"Hatred as a Core Affect of Aggression" is the thesis of Kernberg's contribution. He thinks of "drives as combined instinctive and environmental motivational systems, specifically libido and aggression" (p. 56). Rage is the basic affect of aggression, and sexual excitement is the basic affect of libido. While rage is peremptory, hatred is more organized and lasting. Following Darwin and other writers, Kernberg discusses the subjective and the expressive function of affects and the relation between hatred and envy. He follows with an overview of clinical and therapeutic considerations to be aware of when working with patients with prominent hatred.

"On the Origin and Evolution of a Species of Hate: A Clinical-Literary Excursion" is the title of the paper by Pine. His central point is that female patients who were the target of repeated rage attacks from their mothers experienced their mothers as depersonalizing them, treating them as a thing. As adults, they have their own problems with anger and hatred. He offers examples from literature to attempt to support his assumption that this phenomenon is confined primarily to the relationship between mothers and daughters. In his experience he does not see instances of hate as primary in the relationship between males and females. I do not think his examples support his assumption. He concludes with a description of five transformations of rage and hatred that he has observed.

The last paper, by Peter Neubauer, is "Hate and Developmental Sequences and Group Dynamics: Concluding Reflections." He makes use of the developmental stages as conceptualized by Mahler and her associates in his writing about the relations between aggression, hate, and violence as seen in children's games and in later group phenomena. He ends with an important question about the sense of guilt and its absence.

I have chosen to depart from the format of the book and to review

the discussions by Henri Parens, Salman Akhtar, and Dorothy Holmes together. I do so because I believe their discussions are models for the purposes they serve. I found them to be the most interesting writings in the book, perhaps because they were standing on the shoulders of those whom they were discussing and thus got a better view.

Parens's discussion of Blum's paper is entitled "Notes on Perversions of the Superego by Hate." He agrees in large measure with Blum's understanding of how the superego and ego can serve the purposes of the most severe acts of aggression. He continues to elaborate his own view of aggression as comprising a vast continuum between hostile destructiveness and nondestructive aggression. He also presents his views on the links between stranger anxiety, xenophobia, and superego development.

Akhtar's discussion of Kernberg's paper, "Some Reflections on the Nature of Hatred and Its Emergence in the Treatment Process," is a gem. He presents a lucid summary of Kernberg's ideas about aggression and then places Kernberg's views within a spectrum of diverse theories of aggression. He does a masterful job describing the agreements and disagreements among the various theories. The disagreements include whether aggression has innate determinants and whether destructive and nondestructive aggression fall along a continuum, or are quite separate. Akhtar adds his own technical recommendations to Kernberg's. They form a necessary set of clarifications for the clinical handling of aggression.

In Holmes's discussion of Pine's paper, "Hatred in Women: A Critique of Its Origins and Effects," she takes exception to his premise that hatred in women is primarily related to the girl's experiences with her mother's rages. Her disagreement is based on her reading of the literary examples provided by Pine, and from her own personal and clinical experience. Among the several important points she makes is that what may be regarded as primarily developmental, in phenomena such as helplessness, may be more in the service of defense. She also comments on the frequent misunderstanding of what is primary and what is derivative in one's assumptions.

WILLIAM E. BERNSTEIN (DENVER)

PARANOIA. NEW PSYCHOANALYTIC PERSPECTIVES. Edited by John M. Oldham, M.D. and Stanley Bone, M.D. Madison, CT: International Universities Press, Inc., 1994. 174 pp.

The subject of paranoia has provided a seemingly endless source of fascination and rejuvenation of psychoanalytic hypotheses almost from the beginning of the psychoanalytic adventure. Paranoia had its own fascinating history even before Freud's analysis of the Schreber case. But Freud brought to the classificatory preoccupations of descriptive psychiatry a dynamic and genetic perspective that breathed new life into the subject and provided a persistent launching pad for continuing psychoanalytic explorations of this provocative form of psychopathology. Again and again, analysts have returned not only to the Schreber case, but also to the clinical expressions of paranoia, always with deepening insight and enriched clinical perspective. The phenomenon of paranoid mental processes and psychological functioning continues to exercise its enticing appeal, as the essays in this present slender volume demonstrate.

The selection of papers in this volume reflects various current developments in theorizing about paranoid states. Several have been previously published. The selection suffers from the usual unevenness found in collections of essays by various authors, but the overall quality of the contributions is commendable. The contributions do succeed in bringing the account of contemporary understanding of paranoia to a point more or less congruent with current interests and perspectives, but the title's claim on "new" perspectives may fall somewhat short of its target. Even the contributions that are appearing here for the first time tend to rehearse previous developments rather than advance our thinking to any significant degree.

The historical review provided by the editors is highly selective and superficial. Hanna Segal provides a short essay reviewing the Kleinian paranoid-schizoid position, adding that paranoid symptomatology may not always manifest itself in psychotic form. Elizabeth Auchincloss and Richard Weiss review some of the literature on paranoid character, particularly related to issues of object constancy, and focus their analysis on the question of intolerance of indifference. David Shapiro's paper reviews some of his thinking on paranoid character, and discusses the relation between obsessive and paranoid rigidity. The obsessional experience of internal conflict is transformed in

paranoia into conflict with an external antagonist. Shapiro relates
these defensive postures to the underlying difficulties in autonomy—
but, he argues, Schreber's dread seems to go beyond considerations
of rigidity or autonomy; it reflects deeper issues of fears of sexuality,
particularly masochistic feminine sexuality. Otto Kernberg's piece on
paranoid leadership rehearses his previous contributions on pathol-
ogy in organizational systems. The organizational deficits that can
arise from the narcissistic or paranoid potential of the leader can be
profound, both from the point of view of the leader's vulnerability
and from that of his power. Eric Marcus follows with a discussion of
paranoid symbol formation in social structures. His contribution
comes closer than any of the others to the contemporary view of
paranoid thinking as an aspect of relatively normal social processes.

The final section is devoted to clinical work with paranoid condi-
tions. Harold Blum's paper reviews his previous contributions on
beating fantasies and failures of object constancy in understanding
paranoid phenomena. In addition, this paper offers a fine clinical
case discussion, highlighting the issues of a sense of betrayal and
jealousy as important aspects of some paranoid cases. Together with
Arnold Goldberg's paper on lovesickness, which also contains some
useful clinical discussions, and Arnold Cooper's discussion of para-
noid manifestations in analytic experience, these papers provide a
basis of sound and experienced clinical judgment regarding the
therapeutic management of paranoid patients. The concluding sur-
vey by John Oldham and Andrew Skodol looks at the question of
whether patients with paranoid personalities seek psychoanalysis or
not. They conclude that a surprising number actually do, but the
clinical picture is complicated by a mixture of other personality dis-
orders and by the generally more severe forms of character disorder
in these patients. The less severe cases may find their way to the
analytic couch. The authors conclude, in any case, that paranoid
personality disorder does not seem to be a contraindication for psy-
choanalysis.

Despite a number of fine contributions and illuminating discus-
sions, there are some aspects that limit appreciation of this volume.
For a work proposing to advance new perspectives on paranoia, the
result is limited. Of course, "new" is a relative term—one might ask
"New in comparison to what?" In the present instance, "new" seems
to be compared to the classical view of paranoia—through the era of

the dominance of ego psychology perhaps. But there is little here that is "new" in comparison to the onrush of contemporary analytic thinking. Adherence to the domestic theoretical viewpoints also introduces a limiting factor—Lacan's early, important, and provocative revisions of thinking about paranoia are not even mentioned. Also the basic orientation of all contributors, with possible qualifications for Marcus and Cooper, remains fixed on paranoia as pathology— whether in the individual or in his or her social milieu. Thinking about paranoid phenomena in recent years has been extended to include nonpathological forms of expression and development of the concept of paranoia as process. As only one aspect of this consideration, I would call attention to the seminal work of Pinderhughes on both the analytic understanding of expressions of social paranoia[1] and in extending the understanding of paranoid processes in their nonpathological expression and development.[2] His theory of differential bonding[3] has profound implications for both pathological and nonpathological aspects of paranoid processes.

An additional lack in these pages is a coherent statement of a clinical approach to psychotherapeutic or psychoanalytic treatment of these cases. We are treated to little more than scattered clinical vignettes and impressions, but we are left to puzzle out for ourselves what the "new" perspectives may mean for more effective treatment of these patients.

Despite these shortcomings and omissions, there is much in these pages that will reward interested readers and help to update their thinking about this endlessly intriguing and stimulating subject.

W. W. MEISSNER (BOSTON)

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[1] Pinderhughes, C. A. (1970): The universal resolution of ambivalence by paranoia with an example of black and white. *Amer. J. Psychother.*, 24:597-610.

[2] ——— (1971): Somatic, psychic, and social sequelae of loss. *J. Amer. Psychoanal. Assn.*, 19:670-696.

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THE STAGES OF LIFE—A GROUNDBREAKING LOOK AT HOW WE MATURE.
By Clifford Anderson, M.D. New York: The Atlantic Monthly
Press, 1995. 210 pp.

Freud's biographers called the first self-analysis the "founding act,"
and "a momentous . . . achievement." Our seminal view of mentation
came from introspection, and our ability to analyze still rests on it.
But as transference data engage us theoretically, those from self-study
become secondary. The solely intrapsychic shares our attention with
the interpersonal, even to its occasional neglect.

Into this narrowing circle steps a classically trained analyst who,
upon completing his two-person analysis, did what many of us
thought we would: continued to free associate daily on his own. After
twenty years and some forty-thousand hours on his own couch, Clif-
ford Anderson emerges carrying a primer of maturational theory that
could, unless ignored, affect psychoanalytic thinking as profoundly as
did the first self-analysis.

Acknowledging no such intent, Anderson simply brings a concep-
tion of the mind that captures what he believes any of us would
conclude were we willing to free associate through the resolution of
our midlife crisis. "Maturation" as here used does not refer solely to
the spontaneous emergence of inborn propensities according to a
genetic timetable. It describes a complex process through which we
physically utilize extrapsychic elements to facilitate the emergence of
our inherited potential. Objects and experiences are not incorpo-
rated or partly fantasized and then taken in; nor does the word "ob-
ject" even appear in his writing.

What Anderson offers takes us beyond a theory of involvement. He
seeks to discover how—through daily self-awarenesses—our minds
perpetually hypothesize a world. Despite other reactions the theory
might evoke, there is up-front appeal, for we learn that the midlife
crisis does not, as many believe, portend the twilight of our existence.
It is, rather, the dawning of sagacity.

There is an expansiveness to Anderson's work. He displays epochs
of intellectual advance in sweeping strokes—then in detail. To him
our intellectual grasp so far exceeds the survival needs of our ances-
tors that how such potential came to us through natural selection is
itself open to conjecture.

Having evolved phylogenetically, successive generations of our species still interpolate new stages of life which progressively delay the onset of what we view socially as maturity. According to Julian Jaynes, we underwent a general change in cognition between 1230 B.C. and 530 B.C., when, from the bicameral mind of Iliadic man, there appeared the reality-oriented mentality of the Greek enlightenment, and adults thought differently from children.

The stage of adolescence emerged in the early 1900's (G. Stanley Hall) and the stage of youth in the 1970's (Kenneth Keniston), followed by what Anderson identifies as a further stage in the 1990's. Taking Keniston's lead, Anderson links these changes to increasingly sophisticated mental operations, which he introspectively locates in the ontogenesis of his own psyche. Through this approach he redefines true adulthood in cognitive terms and shows it to be only now arising in our population.

The essential indicator of this adult phase is our capacity to utilize intuition as a sixth sense along with those five that receive physical stimuli from the extrapsychic world. With intuition's ascendence, our ideas of people and things embody themselves less in picture-like form and more in dynamically based functional conceptions that tell us, for example, toward what end an internal change in something or someone is leading. With intuition, we can feel the essence of something out there that we may never have encountered with our other senses. We can conceive of wholes from which we infer parts, and can comprehend nonlinear processes of transformation in ourselves and in our world.

Grasping the link between resulting instability and emerging capacity inspired Anderson to track his own mental metamorphosis through extended free association and to identify various components of his mind as they came into being, changed functions, and realigned themselves into mature configurations. This led him to discover the thousands of raw data bits that underlie his theory of maturation. The simplest examples might be the abilities to search-for, grasp, hold-on-to, and let-go-of with our minds. Later ones enrich our human interactions, such as the ability to tolerate aloneness, or to conceive that something going on between two others may have nothing to do with ourselves.

These bits he calls Type 1 Abilities. (Type 2 are less central.) Created unconsciously through hours of repetitious mental practice, they

are, metaphorically speaking, the atoms of which thinking is composed. Specialized Type 1 Abilities, called S1 Carriers, metaphorically the carbon atoms, bring together other Type 1 Abilities into complex functioning clusters that enable us to relate to particular groups of external stimuli in a manner that becomes relatively constant over time. Hence we grow familiar with a mother, a father, a sibling, or a teacher.

As enhanced internal equilibrium tends to accompany the grouping of Type 1 Abilities around S1 Carriers, we proceed—from our beginnings—to cluster them by gazing at our mother's face, or crawling, or practicing other acts that utilize Type 1 Abilities simultaneously. Synchronization facilitates their grouping and stimulates their S1 Carrier. A person, thing, activity, idea, or cause that serves to focus such clustering is regarded by Anderson as an organizer. It affects an S1 Carrier as the Earth's magnetic field orients the needle of a compass.

The close connection between our mental equilibrium and extrapsychic organizers is what accounts for our tenacious adherence to particular persons, causes, and persuasions during earlier phases of life, and for the profound shift that occurs when, with midlife maturation, our S1 Carriers are replaced by S2 Carriers—like gyroscopic compasses—and our relationship to people and things that once felt essential becomes forever changed.

Anderson troubles us to relocate on a richer, more elevated plane. His ideas enter our systems smoothly. But as they bring consequences, their assimilation will take time.

JAMES S. ROBINSON (HOUSTON)

FREUD AND THE AMERICANS. THE BEGINNINGS OF PSYCHOANALYSIS IN THE UNITED STATES, 1876-1917. By Nathan G. Hale, Jr. New York/Oxford: Oxford University Press, 1995. 574 pp.
THE RISE AND CRISIS OF PSYCHOANALYSIS IN THE UNITED STATES. FREUD AND THE AMERICANS, 1917-1985. By Nathan G. Hale, Jr. New York/Oxford: Oxford University Press, 1995. 476 pp.

Nathan G. Hale, Jr., has brought an extraordinary degree of nonpartisan scholarship to bear on the contentious history of psychoanalysis

in America. His 1971 *Freud and the Americans*, now at last reprinted, carried the story until 1917, and has become a standard source for historians and other students of the reception of psychoanalytic doctrines in the United States. One way of judging a book is in terms of how often it has been necessary to use it over the years as a point of reference; on numerous occasions I have turned, each time with benefit, to look something up, especially about pre-Freudian psychiatry, in Hale's *Freud and the Americans*.

The strength of *Freud and the Americans* lies in its fair-mindedness and its extraordinary array of details; it concludes with a splendid bibliographic essay. By and large, this first volume of Hale's lifework was a success story, as he showed how Freud's system displaced the relatively less enlightened thinking of his American predecessors. For my own taste I would have preferred it if Hale had been knowledgeable enough to put the American reaction to psychoanalysis within some comparative cultural framework. One can better understand America's take on Freud if one also knows something, for instance, of how he was faring at the time in Britain, Germany, or France. But Hale's strong point is his close attention to the historical narrative, and it may be asking too much of him at the same time to be aware of the response to psychoanalytic theory and practice in different national contexts.

It has taken over two decades for Hale to complete the second volume of his study, which brings the reader down to 1985, but *The Rise and Crisis of Psychoanalysis in the United States* seems to me an even better book than Volume I. Hale has searched through all kinds of manuscript collections and has also kept up-to-date on the secondary literature, which has proliferated since the original appearance of *Freud and the Americans*. In the years after Hale completed his first installment, psychoanalysis encountered heavy weather, both medically and popularly: *The Rise and Crisis of Psychoanalysis in the United States* reflects the different climate of opinion that replaced the initial enthusiasm which got expressed implicitly in *Freud and the Americans*. The altogether more skeptical period in which Hale wrote Volume II is mirrored in the title change, and the key word now, in the general thesis Hale is advancing, is the term ''crisis.''

It is probably inevitable, in the course of such a lengthy book, that I was able to find a number of minor mistakes, and I hope it will not

appear churlish if I point them out now. Von Freund, the man who first funded the psychoanalytic publishing house in Vienna, was named Anton, not Ernst, and the index omits him entirely. Freud never reviewed Walter Lippmann's *A Preface to Politics*, even though that legend has been told before; in fact it was Ernest Jones who wrote the review in question. The early Boston analyst, Ives Hendrick, was not just "DIFFICULT," as Harry Stack Sullivan maintained, but Hale should have been told that Hendrick was epileptic. Hale believes that David Brunswick was "California's first trained analyst," when in reality Brunswick only had a personal analysis with Freud and had no intention at the time of ever becoming an analyst. Horace Frink, whom Freud chose in the 1920's to lead American analysis, not only became psychotic "after" his analysis with Freud in Vienna but also while in treatment with the founder of psychoanalysis. Felix Deutsch was indeed a member of the Vienna Psychoanalytic Society, but did not practice analysis until after coming to the States in the mid-1930's, so there seems something odd about describing his impact as "a Viennese analyst" on Flanders Dunbar, especially when Dunbar was analyzed in Vienna by Felix Deutsch's wife, Helene. Hale somehow has the idea that Heinz Hartmann was "invited by Freud to be his last trainee," and Hale maintains that Hartmann's papers were "seldom illustrated with case histories," when I would have thought a stronger word than "seldom" would have been more accurate. To continue with a catalog of flaws that I found, Hale has somehow completely omitted the controversy surrounding the publication of the Freud-Bullitt collaborative study of President Woodrow Wilson, which first appeared in 1967 and has long since been allowed to go out of print. Robert Lifton to my knowledge never completed psychoanalytic training, and I cannot recall his describing himself, as Hale would have it, as an analyst.

It is a hard matter to put my finger on, but somehow Hale has trouble distinguishing between the woods and the trees. At a number of points, for example, when he is discussing people like Hendrick or Lawrence Kubie or Karl Menninger, I found myself shaking my head in bewilderment, since Hale somehow seems to have so little intuitive feel for these people as human beings. Hale has been so studious about looking through their papers, and none of these three men, for instance, has been dead for so terribly long, that I found it all the more odd that Hale does not seem to have known them as individu-

als, or at any rate that kind of knowledge does not succeed in showing itself in his text.

Hale is very good at describing the trouble psychoanalysis came to encounter after the high point of Freud's popularity associated with his hundredth birthday in 1956. Somehow in *Freud and the Americans* I detected a lack of sympathy on Hale's part about the reasoning behind ego psychology's becoming influential in the United States, but by *The Rise and Crisis of Psychoanalysis in the United States* Hale seems open-minded about the need for a variety of revisions in psychoanalytic thinking.

In the Conclusion to *The Rise and Crisis of Psychoanalysis* Hale mentions the reception of psychoanalysis elsewhere in the world, and a few works on that subject do get cited. And at the very outset of *Freud and the Americans* Hale had asked the fundamental questions: "Why did America welcome psychoanalysis more warmly than any other country? What was there in the nature of psychoanalysis and what in American conditions that created this affinity?" By now there is a rich literature about Freud's fate in places like France, Argentina, and the Netherlands, to take only a handful of countries where psychoanalysis has had a strikingly important recent influence. But Hale's heart is simply not in comparative cultural analysis; he has instead mastered the available archival sources connected with American matters, even if he does not feel inclined to speculate about just why Freud himself entertained such a series of negative prejudices about America and the fate of his ideas there.

The *Rise and Crisis of Psychoanalysis* makes for an informative and enjoyable read, and the book will be a mine of information for future scholars. My own minor reservations, I hope, will not appear carping. It is frustrating to have errors appear in history books, since they tend to multiply without correction. Hale should be congratulated for bringing to splendid fruition his two-volume study. It will be a building block for those who want not only to explore the history of Freud in America further, but also to understand the unique nature of the reception of his work in this country, as opposed to the impact he had in different national cultures. The more studies we have like those by Hale, in distinct countries, the easier it will be to specify why it is that the course of psychoanalysis has been so characteristic within each social context. Hale does not repeat Freud's own words in *On the*

History of the Psycho-Analytic Movement, in which he surveys the influence psychoanalysis had before World War I, but it is likely that Freud would have been interested in the record of how his work has spread and changed twentieth century thought.

The literature about Freud is by now really much better than anything that can be said about Carl Jung or Alfred Adler, for example, and Freud's success has been historiographical as well as otherwise. It would be intriguing to look into just what kind of Americans turned to Adler and to Jung, as opposed to those who were attracted by Freud. But that suggestion of mine would open up an entirely different sort of inquiry from what Hale took as his own. It should not be any criticism of Hale if I suggest that in the future other researchers will ask a different set of questions than those Hale has so competently set out to answer.

PAUL ROAZEN (TORONTO)

LOOKING AT ART FROM THE INSIDE OUT. THE PSYCHOICONOGRAPHIC APPROACH TO MODERN ART. By Mary Mathews Gedo. Cambridge/New York: Cambridge University Press, 1994. 311 pp.

Almost ninety years ago Freud made his initial excursion in a psychoanalytic exploration of visual art with *Leonardo da Vinci and a Memory of His Childhood*. Using Leonardo's journals, the biographical material available at the time, and iconographic and formal patterns he discerned in Leonardo's oeuvre, Freud constructed explanations for certain enigmas in Leonardo's life and character. In his only extended psychobiographical study, Freud artfully demonstrated his talent for psychoanalytic reconstruction. Candidates at psychoanalytic institutes read the Leonardo essay to learn about Freud's early theorizing on childhood sexuality, memory, narcissism, and, in particular, a narcissistic type of homosexuality. On the other hand, the essay is sometimes offered to art history students as a cautionary exercise in the dangers of applying the theories garnered from one discipline to another. For Freud-bashers from any discipline it has served as a straw man—the small and medium-sized flaws in it are held up as proof of the irrelevance of the artist's inner life to his work, or worse, as confirmation that psychoanalysts are interested only in

turning artists into "cases." The mad artist is a concept so compelling and ancient that few readers of Freud's essay have been able to discern that Freud's strenuous effort to explain Leonardo the man, was *not* diagnosis or "pathography" but the attempt by an exceptionally tolerant and nonjudgmental physician and humanist to understand his fellow man.

In 1914, Freud published "The Moses of Michelangelo," his second venture in applied analysis and the visual arts. Using an entirely different approach from that of the Leonardo essay, Freud did what too few art historians do today. He looked hard at a single work, sketching, studying, measuring, spending hours and days on end in front of the work itself, questioning his own responses and trying to get inside of the mind of the artist by learning to read the formal and iconographic messages encoded in the art object. He also studied previous scholarly responses to the work, seeking to comprehend the artist's intention by observing audience response. As usual, he found discrepancies within the work and the responses to it which could best be explained by considering the artist's unconscious as well as conscious thoughts and feelings. Placing the work in the emotional context of its commission by a tempestuous, ambitious, man of genius like himself, Pope Julius II, Freud unveiled a complicated reconstruction of passion and counterpassion expressed by the *Moses,* befitting the author of conflict theory in psychoanalysis.

Freud's early attempts unleashed a flood of case studies of artists by psychoanalytically oriented authors, many, if not most, written with far less scrupulous attention to detail and often falling into egregious pathologizing—turning the artist into a patient. Until recently, much less has been written from a psychoanalytic perspective by art historians, either because they have had the modesty to know that they do not know about the intricacies of the inner life or because of a surprising repugnance for psychoanalytic approaches. By comparison, scholars of literature, history, and even economics have gone freely where art historians have feared to tread.

This book by Mary Mathews Gedo may be a harbinger of better times for interdisciplinary work in psychoanalysis and art history: for both disciplines it is a clear and fruitful example of the possibilities. Gedo is a scholar trained in art history and psychology, with many years of experience studying art from a psychoanalytic perspective. She includes previously published essays along with new material,

providing the reader with a large enough sampling of her approach to demonstrate the diverse possibilities of felicitous interdisciplinary work. Happily for the reader, her book is clearly written with a minimum of jargon.

Gedo follows the pattern set by Freud's second essay, using individual works as focal points for her observations about the artists. She begins with two recent essays, the first on Manet's *A Bar at the Folies-Bergère*, the second on Gauguin's *Vision after the Sermon*. These are followed by four essays on Picasso (previously published between 1979 and 1985) and two on Magritte. The Manet essay is an excellent example of Gedo's "psychoiconographic approach." She uses many of the tools available to art historians: detailed examination of the formal aspects of Manet's painting, both in its final version and in x-radiographic analyses of earlier versions; a consideration of sources, e.g., Fra Angelico's *Christ Rising from the Tomb*; a comprehensive discussion of the manifest subject itself—the bar and theater of the Folies-Bergère, its inhabitants, and its place in the social, cultural, and economic life of Paris in the 1870's and 1880's; a careful study of Manet's work immediately preceding the creation of *A Bar at the Folies-Bergère* and a study of the evolution of the painting itself. Thoughtfully citing the contributions of previous authors, she reviews arguments and counterarguments as she builds her case for an interpretation of this work as Manet's statement to the world about his illness and imminent death.

A hallmark of Gedo's approach is her insistence on founding her understanding on the artist's bodily experiences and his psychological response to them. By then astutely questioning the contemporary evidence of Manet's deteriorating physical condition, which he attempted to hide from his friends and colleagues at the time of this painting, Gedo offers a probable diagnosis of multiple sclerosis. She adds that Manet was not only ignorant of that diagnosis but actually believed that he was the victim of a chronic syphilitic infection he had contracted in Rio de Janeiro when he was a seventeen-year-old naval cadet.

Deftly tracking Manet's unfolding responses to his physical condition via his work and behavior, Gedo weaves a plausible picture of the artist's inner life. For example, she shows how he superimposed the image of the barmaid, Suzon, over his own self-image, representing through her aspects of the artist's past, present, and future, "still *in*

this world, but no longer *of* it, increasingly distanced from everyone
and everything he had once held dear by the inexorable approach of
death'' (p. 50). As everything in a dream reveals the dreamer's inner
life, every object on the canvas conveys something of the artist's state
of mind. We may not agree with each interpretation, but the author's
bold willingness to discover meaning in every detail rests upon solid
scholarship—her own and that of others.

The next four essays use a similar combination of art historical
methods and empathic hunches. The sum of Gedo's interpretations
is invariably complex and not reducible to a simple formula reflecting
her view that the inner life of artists, like that of all human beings, is
made up of many interdigitated facets. It is Gedo's particular talent of
empathic attunement to the life stories *and* art products that fuel her
convictions about the symbolic meaning of parts and whole.

Picasso's masterpiece, *Guernica*, is the subject of the sixth essay.
Here we find echoes of Freud's *Leonardo* as Gedo uses reconstruction
to build her argument. She focuses upon the crucial impact of Pic-
asso's traumatic experience at age three watching his sister's birth
during an earthquake in Málaga which forced the family to flee from
their home in the middle of the night. Gedo seeks confirmation in
Picasso's life and art to corroborate her hunch that this specific event
was like the irritating grain in the oyster which Picasso transformed
into a pearl. It left lasting effects because it was combined with other
events. Gedo thus stays with the specificity of the psychological dy-
namics within the Picasso family, placing the traumatic event in con-
text.

Gedo has been attacked for focusing on this event as being too
narrowly biographical.[1] That, I believe, misses the point of how mul-
tilayered psychological themes can be for artists and for everyone.
Picasso was a quintessential voyeur. He gobbled up the world with his
eyes and produced extraordinary results. That a highly gifted child
would be impressed by significant visual events should surprise no
one. Most children are affected by mysterious scenes of adult behav-
ior in the middle of the night. A specific traumatic vision of childbirth
was probably combined with more general primal scene experiences
in the artist's mind and served as powerful internal stimuli when the
contemporary disaster of Guernica occurred. In this instance Gedo

[1] See, Adams, L. S. (1993): *Art and Psychoanalysis*. New York: HarperCollins.

points to the complex and realistic fluidity of the mind, observing that, for Picasso, all the figures represented in the painting as separate individuals were probably originally interchangeable. She reconstructs a childhood confusion concerning his separate role and identity, related to a very close tie to his mother. "The painful associations that the bombing of Guernica aroused led him, momentarily, to reexperience that confusion" (p. 175). Gedo's specificity can be misunderstood or can offend readers who wish to find great causes and palatable sources for their heroes. In overreacting to the mundane ordinariness or even unlikeliness, readers may miss the profound and complicated resonances Gedo interweaves as she completes her picture of the artist's psychology.

While I do not agree in every particular with Gedo's interpretations, I find her approach convincing and effective because it is based solidly upon what she sees on the canvas and is not concocted from theories she has borrowed for the moment to be waved about in a fashionable swirl as has been the prime failing of art historians approaching interdisciplinary work.

LAURIE WILSON (NEW YORK)

OSCAR WILDE. A LONG AND LOVELY SUICIDE. By Melissa Knox. New
    Haven/London: Yale University Press, 1994. 185 pp.

Melissa Knox's aims in her psychoanalytic biography of Oscar Wilde are completely sensible to a psychoanalyst interested in applied analysis. She intends to enhance the understanding of Wilde's life by "investigating and analyzing the genetic aspects of [his] life, including sexuality and its transformations—the instincts and all their vicissitudes.... Psychoanalysis, though it can tell us nothing about the origins of a particular talent and genius, can identify the unconscious conflicts that determine the forms Wilde's creative genius took, as well as choices of subject and approach ..." (p. xii).

Knox emphasizes certain aspects of Wilde's life: (1) the characteristics of his family and his relationships with them; (2) his own characteristics, including his homosexuality; (3) the influence of his syphilis.

Her analytic approach casts fresh light on his personality and creativity. Wilde's mother, Jane, had been an extravagantly radical

woman whose seditious writing under the pen name of Speranza roused the Irish against their English masters. When her revolutionary work came to a halt, largely because the Young Irish movement petered out, and she became a mother instead, the depression that Knox says her activity defended against came to the fore. Sad and even suicidal, she could not attend to her three children—Willie, Oscar, and Isola—properly.

Oscar, the middle child, was her favorite. Naming him Oscar Fingal O'Flahertie Wills Wilde after a warrior bard, she chose him to enact the wishes she had given up. While recognizing his literary ability, she urged him to be radical in thought and action. She exhorted him to battle the British relentlessly and never to retreat even if it meant certain and severe imprisonment.

Wilde's father, William, an oto-ophthalmologist who invented a type of cataract surgery, had broad interests, including archaeology, Irish mythology, and statistics; he even wrote a book about Jonathan Swift. He was away from home a great deal, which added to the family instability. His philandering produced several illegitimate children and public scandal.

On the basis of careful readings of several of Wilde's poems, including "Requiescat," "The Harlot's House," and *The Ballad of Reading Gaol*, as well as other writings, Knox produces a daring construction of Wilde's relationship with his sister and its consequences. She suggests that Isola, who died at the age of ten when Oscar was thirteen, was a young seductive girl with whom Oscar engaged in sex play. Guilty, he felt her death to be a result of his forbidden behavior. In a return of the repressed, his love for Lord Alfred Bruce Douglas revived his sinful love for his sister. In his work Wilde equates Salome, Bosie (Alfred's nickname), and Isola.

Wilde followed in the footsteps of both his parents. Identification with his father unfortunately led to his acquiring syphilis, which he feared passing on to his wife and children. His rebellious but self-destructive approach to life, encouraged by his mother, led him to foolish, at times unrealistic, behavior. Only a few of many examples will suffice. His snippy, deprecating remarks to a teacher when he was being examined at Oxford had serious consequences. His suing the Marquess of Queensberry for libel when he was bound to lose was followed by legal persecutions for sodomy. His refusal to leave Britain for safe refuge when the judge gave him the opportunity resulted in

his spending two devastating years in jail, largely in solitary confinement and deprived for a long period of his lifeblood, conversation and writing.

Knox also shows how Wilde's characteristics show up in his work as well as in his life. His worry about bodily deterioration, derived from his fear of syphilis, was portrayed vividly in *The Picture of Dorian Gray*, whose protagonist watches his image decay. His identification with John the Baptist appears in *Salomé*. In his numerous works his rapier wit repeatedly challenges society.

Knox's keen analytic insights provide the reader with a superb picture of Wilde's psychodynamics, but certain imbalances are inevitable. Although she does repeatedly include discussions of defenses, Knox tends to view derivatives as direct expressions of drives to a greater extent than I would. She seems to overlook the defensive aspects of his homosexuality. I would think that Wilde's turning to homosexuality after he feared infecting his wife suggests a defensive flight from a forbidden and hostile heterosexuality. His antagonism toward men and women must have contributed to his bisexuality as he fled from intimacy with males and females. Children, Knox quotes him as saying, rarely forgive their parents.

Although Knox provides abundant evidence of Wilde's pathological narcissism, she does not explicitly demonstrate the origin and organization of this important personality trait. The apple of his mother's eye, he was excessively cherished by her. He often failed to view things sympathetically from other people's point of view. Knox comments on his projecting "an infantile need for attention" and being profusely concerned with "what the world would think of him" (p. 113). Further, he identified with Christ who he said was crucified as a homosexual, and often felt one with his mother in his ideals and their venomous expression. A confusion of self- and object representations appeared in his adult relationships, especially with Bosie.

To a great degree these seeming failings merely result from Knox's admirable avoidance of jargon. She rarely talks of such psychoanalytic staples as "the oedipus complex," "castration anxiety," "masochism," "sadism," and "superego," for instance, but these terms create silent leitmotifs throughout the book. She certainly was aware of these concepts, but perhaps she is not fully at home with many of the subtleties of current analytic thinking.

In this review I have not dealt with the full complexity of Knox's insights into specific works of Wilde. She discusses *The Importance of Being Earnest, De Profundis,* the long letter he wrote while he suffered in jail, and other writings in their social context. Readers will enjoy a rich experience as they follow Knox's adventuresome and insightful psychoanalytic journey through Oscar Wilde's life and work.

JULES GLENN (GREAT NECK, NY)

Neuroscience

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ABSTRACTS

The Amygdala, Hippocampus, and Psychoanalysis

It seems appropriate to review some recent research on the limbic system, particularly the amygdala and the hippocampus (and some closely related structures) since these appear to contribute decisively to our processing of emotions, a subject near and dear to psychoanalysis. One issue to be aware of, however, is that neuroscience scholars currently differ on what is properly included in the limbic system anatomically; moreover, some even question the degree to which there is limbic system mediation of emotion. (See J. LeDoux, "Remembering the Past: Two Facets of Episodic Memory Explored with PET," presented to the American College of Psychoanalysts, May 3, 1996.) Considering this climate of neuroscientific reappraisal, psychoanalysts need not worry excessively about their own theoretical disagreements.

I begin with a fascinating article, "The Return of Phineas Gage" (H. Damasio, et al., *Science,* 1994, 264:1102-1105), concerning the colorful railroad worker of the last century who was unlucky enough to have an explosion blow a hole in his head and survive. Since Gage's damaged skull was donated posthumously to Harvard Medical School, Damasio, et al., used computers and MRI scanning technology to study its anatomy and confirm that Gage's injury most certainly involved damage to the ventral medial frontal lobe of his brain. This damage played a role in Gage's postinjury personality changes, including attention difficulties and his tendency toward socially inappropriate behavior. Such behavioral-anatomical correlations can prove decisive in verifying hypotheses regarding neurological functional units.

In separate articles, one in the *New York Times* (S. Blakeslee, "Brain Study Examines a Rare Woman," December 18, 1994) reporting on work originally appearing in *Nature* by John Allman of the California Institute of Technology and another in *Science* by the Damasio group of the University of Iowa (A. Bechara, et al., 1995, 269:1115-1118), patients are described who have sustained specific injuries to the amygdala and hippocampus. The amygdala and hippocampus are bilateral structures that connect to the ventral medial frontal lobe, and it has been a continuing problem for researchers to differentiate their functional contributions from that of the frontal lobe itself and from each other.

The *New York Times* report describes SM, an unusual woman patient who suffered bilateral damage to her amygdala and became unable to identify fear either on the faces of others or in herself. SM was also studied at Iowa by the Damasio group and is in fact one of the subjects in the *Science* article cited above. SM could

recognize most feelings: happiness, surprise, sadness, and anger, for example, but not fear. The contrast between SM's successful recognition of faces and her failure to identify their associated feeling states neatly demonstrates how facial analysis must involve multiple modules (cf., how the visual analysis system contains separate modules for analyzing form, color, and movement).

But even more interesting is a particular "double dissociation of conditioning and declarative knowledge relative to the amygdala and hippocampus" (Bechara, et al., 1995) which appears in the research studies on SM and other similarly injured patients. To quote the authors:

> A patient [SM] with selective bilateral damage to the amygdala did not acquire conditioned autonomic [fear] responses to visual or auditory stimuli, but did acquire declarative facts about which visual and auditory stimuli were paired with the unconditioned stimulus. By contrast, a [different] patient with selective bilateral damage to the hippocampus failed to acquire the facts but did acquire the conditioning. Finally, a [still different] patient with bilateral damage to both amygdala and hippocampal formation acquired neither the conditioning nor the facts (p. 1115).

This means that the amygdala is a critical part of the circuit for experiencing fear in others and identifying fear in ourselves. Without an intact amygdala bilaterally we retain only the dry factual information relating to particular frightening experiences, but we do not learn (we do not become conditioned) to avoid these dangers in the future. In contrast, the hippocampus is a critical part of the circuit for acquiring the avoidance reaction (conditioning) to danger, but without a properly functioning hippocampus bilaterally we cannot preserve in memory the declarative facts associated with the danger situation. Thus, the act of undergoing fear conditioning and the act of forming a memory of the circumstances that created a specific fear situation are dissociable from each other. In other words, fear conditioning (aversive learning) and declarative memory for fear-laden experiences are handled by significantly different circuits.

As Joseph LeDoux (cited above), another principal researcher in this area of cognition and memory, describes it, (1) the amygdala is wired as a rapid response/danger detection system (if you see a snake in the woods it is the amygdala that prompts you to escape from it as fast as you can), while (2) the hippocampus is wired to facilitate learning danger avoidance (that is, fear conditioning). Ultimately, both kinds of reaction patterns are required for successful adaptation; the conditioning (i.e., the formation of traumatizing memories), however, can also disrupt one's life at a later date (see below).

Another way of describing these facts is to say that the hippocampus relates to declarative (also called explicit or semantic) memory while the amygdala is responsible for procedural (also called implicit or episodic) memory. Let me elaborate on hippocampal/amygdala relations further by citing LeDoux. According to

him the perirhinal cortex supplies the amygdala with some of its memories. The hippocampus sends signals to the amygdala regarding context (for example, if seen in a zoo a snake is unlikely to represent danger, but if seen in the woods a snake might very well signify danger). The sensory cortex, along with the sensory thalamus, sends information to the amygdala regarding object identification. And the prefrontal cortex is responsible for sending extinction signals to the amygdala which allow for the possibility of aborting an initial reaction to what is judged to be a fearful situation.

Given the prefrontal cortical role in extinction signaling, it should be clear that if the prefrontal cortex is damaged or not functioning properly (as was the case with Phineas Gage), it may become difficult or impossible for a person to extinguish his/her initial reactions to many experiences, and he or she may become trapped in perseveration or impulsiveness. Thus, there are potential causal relationships between disorders of the prefrontal cortex, parts of the limbic system, and a variety of illnesses seen psychoanalytically, including anxiety states, phobia, impulsive disorder, obsessive-compulsive disorder (OCD), and other closely related conditions.

Psychoanalytic and neuroscientific frameworks are potentially complementary in the following ways. First, psychoanalysis has the power to identify the connecting linkages which have gotten "lost" between affective (fear) responses and the situations which gave birth to them, thus facilitating the mastery of trauma. Second, neuroscience can specify the nature of the "memory" disturbance system involved in particular illnesses, giving important clues to the analyst regarding potentially useful insights and interventions. This latter perspective is discussed in what follows.

Conditioning creates linkages which are held in association and are capable of revival at later dates. Understanding implicit versus explicit memory systems becomes a specific critical goal for psychoanalysis as it attempts to approach the understanding and extinction of unconscious fears (involving the implicit/procedural/episodic memory system) and their conscious mastery, usually through a discovery process that involves working through. (See also, D. J. Siegel, *J. Psychother. Practice and Research*, 1995, 4:93-122 and E. Gillett, *Int. J. Psychoanal.*, 1996, 77:689-707.) Fear conditioning, according to LeDoux, occurs at each level of the evolutionary ladder from fruit flies to fish to human. As far as we know, however, only humankind has the capacity to exploit this knowledge of mind and brain and to alter intentionally its patterns of conditioning.

Escaping from the unconscious consequences of painful memories is the subject of Daniel Alkon's book, *Memory's Voice*, reviewed in the *Minneapolis Star-Tribune* (May 14, 1993, p. 5B) by Jim Dawson. Alkon writes both as head of the Neural Systems Laboratory at the National Institute of Health and as the childhood friend of a woman who committed suicide as a consequence of repeated child abuse. As analysts can affirm, Alkon comments that the "templates" formed

from such early formative experiences are difficult to attenuate. Such templates or scripts clearly involve the implicit or procedural memory systems mentioned above.

Before closing this discussion I wish to note one further area of neurocognitive research that bears indirectly on the subject of modifying unconscious memory "templates." Michael I. Posner and his collaborators, through their work on human attentional systems, describe some neural functions that psychoanalysis might conceivably exploit. (See Posner and M. E. Raichle, *Images of Mind*, New York: Scientific American Library/HPHLP, 1994; Posner and M. K. Rothbart in *International Perspectives on Psychological Science, Vol. 1*, ed. P. Bertelson, et al., NJ: Lawrence Erlbaum, 1994; Posner and Rothbart in *Large-Scale Neuronal Theories of the Brain*, ed. C. Koch and J. L. Davis, Cambridge, MA: MIT Press, 1994.) According to Posner (Posner and Raichle) attention is controlled by an anterior and a posterior attentional system. The anterior system involves the frontal cortex and the anterior cingulate. The posterior system involves the posterior parietal cortex, thalamus (pulvinar), and midbrain (superior colliculus).

Because I am preparing a separate review of Posner's research on attention, I wish to make only a few points. First, in Posner's opinion the anterior attentional system is essentially an explicit memory system, whereas the posterior attentional system is based upon implicit memory mechanisms. Therefore, my second point is that our goal of understanding implicit/procedural memory can be simplified further by shifting our attention temporarily to Posner's description of the posterior attentional system.

This posterior system can be seen (in a simplified version) as accomplishing at least three fundamental operations. The first operation is "disengaging" from objects of interest, which is required for new objects of interest to come into attention. For the "disengage" order the parietal cortex is crucial. The second operation is "cuing" and is based upon the superior colliculus. Cuing involves increased alertness to certain locations where objects are expected to occur. "Zooming" in on (also called "amplifying") new objects of interest involves the thalamus (pulvinar) most critically (Posner and Raichle; Posner and Rothbart in *International Perspectives on Psychological Science*, cited above).

The anterior and posterior systems collaborate in a number of complex ways. For example, when handling match/mismatch processing (see F. M. Levin, *Mapping the Mind*, Hillsdale, NJ/London: Analytic Press, 1991; and F. M. Levin and E. W. Kent in *The Annual of Psychoanalysis*, ed. J. A. Winer, Analytic Press, 1995, 23:117-130), when there is a mismatch occurrence the anterior system indirect pathway (from cortex via the striatum) tends to down regulate the anterior system so the posterior system can function more optimally. (See Posner, in *Master Lectures in Clinical Neuropsychology and Brain Function*, ed., T. Bull and B. Bryant, Washington, DC: American Psychological Association, 1988, pp. 173-202.) It is further observed in Posner (1988) that the activation of the anterior system

increases as the number of "targets" (meaning interesting objects) presented to it increase in particular voluntary tasks.

To summarize Posner, parietal lobe lesions create problems in disengaging attention. Injuries to the superior colliculus prolong reaction times causing a loss of so-called "inhibition of return" (in which attention increases in the direction of gaze other than where gaze has moved, thus increasing the receptivity to novel stimuli). And pulvinar lesions create problems in engaging or locking onto objects of interest.

If "inhibition of return" turns out to be a more generalizable phenomenon than merely a property of the system controlling visual cuing switches (that is, if it involves imaging and other sensory modalities as well), then there is an interesting possibility psychoanalysts might be able to confirm that patients will be most receptive to novel stimuli immediately after they switch the direction of their "mental gaze."

If psychoanalysts take into account the kinds of attentional system details noted above, it seems we might subtly adjust the way in which we listen to psychoanalytic data. This in turn could assist us in facilitating our patient's learning about his or her implicit memories. In other words, what psychoanalysts ordinarily consider dynamically unconscious, they might instead consider as belonging to two classes simultaneously: "unconscious" and "implicit." The term "implicit" here implies a particular structure for the unconscious, based upon the properties of the implicit memory system which neuroscience researchers are currently explicating.

Lest all this appear too arcane to be relevant to psychoanalysis, let me specify two additional possibilities for modifying our psychoanalytic thinking and technique: (1) *If we intentionally reduce the number of "target subjects" that we and the patient are tracking* in the treatment process at a given time, this should help the patient shift from the anterior to the posterior system and with this shift pay greater attention to content of the implicit (unconscious) memory system involved. In fact, reducing "targets" may be what the analytic setting accomplishes par excellence. (2) *If we pay more careful attention to the ways in which particular patients disengage, cue, and zoom in on subjects, we may be able to observe telltale clues when these processes are not shifting smoothly.* In other words, it seems obvious that, in general, patients should fail to "disengage" their attention when psychological defenses are interfering with free association. To psychoanalysts this situation may initially appear as though the patient is deepening an insight-oriented process, but actually, he or she may be doing the opposite, burrowing in for the purpose of avoidance. In such circumstances we can subtly interfere with this defense by reminding patients of where they seemed to be heading when they fixed upon a particular issue which they hesitate to leave (but fail to experience emotionally or to deepen with insight).

Or consider patients who engage a topic frequently but over time persistently

fail to zoom in on it. This could also be evidence of a psychological defense against particular implicit (unconscious) memories connected with the thoughts and feelings they are circling.

Elsewhere (as cited above) I have discussed novel yet subtle analytic interpretive viewpoints, for example, the importance of sometimes "priming" the patient's (implicit) memories. In this neuroscience review I am essentially revisiting the interesting subject of when and how to facilitate learning within psychoanalysis. In both cases, however, I am suggesting that it is worth our while to understand fully those neuropsychological mechanisms which pattern the cognition that overlies and conceals painful or traumatic implicit memories.

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Abstracted by John J. Hartman.

"The Tempest in My Mind": Cultural Interfaces between Psychiatry and Literature, 1844-1900. Susanna L. Blumenthal. Pp. 3-34.

This paper traces the linkages between psychiatry and literature in the professional publications of the first generation of American psychiatrists. The author surveys the issues of the *American Journal of Insanity* from 1844 to 1870. This work is replete with passages from Shakespeare, Byron, Scott, and many other English poets and prose writers. There were several uses to which these early psychiatrists put this linkage. First, they sought to equate the writing and enjoyment of poetry with "unsoundness of mind." This meant that poets possessed both a form of insanity as well as a special insight into the nature of mental illness. Poets and writers were therefore quoted as authorities on mental illness, and their characters, such as Hamlet and Lear, were treated as if they were actual case histories. Finally, the artistic and poetic productions of the mentally ill in asylums were deemed a particularly rich source of information about the nature and causes of insanity.

Psychology and Homosexuality: The British Sexological Society. David C. Weigle. Pp. 137-148.

The author traces the history of the British Sexological Society, which was established in 1914 and was composed of many influential people including Laurence Housman, brother of A. E. Housman, Havelock Ellis, Bernard Shaw, and Ernest Jones. The purpose of the Society was to promote the scientific understanding of a variety of sexual topics, but the "hidden agenda" was to promote the equality of homosexuals through scientific understanding and legal reforms. It was thus an early force in the movement for sexual emancipation. Weigle uses the archives of the Society as well as private correspondence of its members and supporters to trace several areas of this homosexual rights agenda: homosexuality and psychoanalysis, theories of the etiology of homosexuality, lesbianism, homo-

sexuality and mental illness, and legal reforms. Psychoanalysis had a major impact on the Society both as a means of explaining homosexuality and also as a treatment for it. The view that homosexuality required no cure was asserted only in private correspondence. Debate within the Society as to biological versus psychological causes of homosexuality foreshadowed the current debate about its etiology.

On the Early History of Male Hysteria and Psychic Trauma: Charcot's Influence on Freudian Thought. Katrien Libbrecht and Julien Quackelbeen. Pp. 370-384.

The authors discuss the influence of Charcot's views on Freud's early theory of hysteria and of psychic trauma. Charcot felt that traumatic hysteria and *male* hysteria are identical. Freud's two 1886 lectures on male hysteria, delivered upon his return from France, foreshadowed his later ideas on the role of trauma in the pathogenesis of hysteria. Specifically, he discussed the idea that each hysterical symptom is due to a psychic trauma reviving an earlier traumatic event—the principle of deferred action. The authors suggest that these early ideas provide a valuable historical context for the present-day interest in the traumatic origins of so-called multiple personality syndrome, posttraumatic stress disorders, and other dissociative disorders.

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The following abstracts are edited versions of English summaries which appeared in Forum and are published with the permission of the journal.

Psychoanalysis of Shame-Guilt Conflicts. Léon Wurmser. Pp. 1-12.

In this paper Wurmser summarizes the basic experiences he has gathered during many years of working psychoanalytically with severe, yet nonpsychotic forms of psychopathology. In contrast to their conceptualization as "borderline" pathology or as defined in self psychology, these disturbances are viewed by Wurmser as severe neuroses. He focuses on their conflict analysis, stressing particularly the analysis of shame-guilt conflicts and the conjunction of masochism with narcissism. He sketches a genetic layering of masochism useful for the understanding of the analytic process.

Medusa's Head. Personal Risks for the Psychoanalyst as an Object of Extreme Transference Constellations. Sabine Göbel. Pp. 13-24.

By means of an interpretation of the myth of Medusa, some of the processes connected with violence are clarified. Sexual and aggressive violence destroys the inner dialogue and the interpersonal emotional relatedness of the victims. It elicits three phenomena, which are, with reference to trauma research, inter-

preted as mechanisms of defense: deanimation, mixed affect arousal, and desymbolization. These effects of violence can be summed up in a syndrome of "nonrelatedness," i.e., an inability to engage in emotional interchange and dialogue. A solution for this "Medusa Complex," as it might be called, is suggested in the myth. Perseus can bring Medusa's horrifying petrification to an end by using "mirror" and "sword." That means that the psychoanalyst working in this field has to accept the reality of trauma (symbolized in the myth by the mirror); he/she has to use the neutralizing effects of reflection and must show firm nonacceptance of the deteriorated emotional and interpersonal relations (symbolized in the myth by the sword); only then can the analyst help the victims of violence. The violating effects and dangers of these processes are seen not only as phenomena of professional countertransference but, above all, as affecting the psychoanalyst in his/her personal experience. The emotional implications are discussed.

The Contribution of the Budapest School of Psychoanalysis to Object Relations Theory. György Vikàr. Pp. 52-60.

The great figures of the Budapest school of psychoanalysis—Sándor Ferenczi, Michael and Alice Balint, Imre Hermann—had a strong influence on the development of modern psychoanalysis, particularly on object relations theory in a broader sense. Ferenzci, in his last papers, and Balint and Hermann, in their complete works, emphasized that there exists a primary object relation at the beginning of human life. Hermann's theory of the clinging instinct is pivotal as a bridge between the drive theory of classical psychoanalysis and modern object relations theory. Object relations theory in a narrower sense—the theory of the inner objects—was not conceptualized systematically in the Hungarian school. But Ferenczi's concept of introjection and some ideas and observations of Balint and Hermann prepared the way for this direction in modern psychoanalytic thinking.

Methodological Principles in Psychoanalytically Oriented Therapy Research. Sebastian Leikert and Wilfried Ruff. Pp. 77-86.

Psychoanalytic hypotheses, like other scientific hypotheses, should be testable within a methodological framework which is in accordance with general scientific principles. In this paper these principles are presented and related to unconscious conflict as the core of psychoanalytic work. In psychoanalytically oriented therapy research the problem of generalizability of findings has been solved hitherto by combining qualitative-descriptive with quantitative-statistical methodologies. In contrast to this way of proceeding, the authors of this paper present a unified methodological concept: single cases are systematically compared with each other, so that evolving typical patterns of effects can be described. The procedure of a study following this concept of research is exemplified.

A Basic Level of Transference. Toward a Systematic View of the Psychoanalytic Situation. Siegfried Bettighofer. Pp. 116-129.

Recent conceptualizations of the analytic situation refer increasingly to its interactional aspects. Exploring the development of the analytic relationship, the author shows how some aspects of the analyst's personality, ego-syntonic belief systems, and concepts concerning the analytic process greatly determine what is transferred by the patient. Analysts are often involved in this actualized transference in a very subtle way by these aspects of themselves which become part of the transference and cannot be easily confronted because of their ego-syntonic nature. On a latent level these enactments show the tendency to build up an unconscious set of rules for therapeutic communication which gains a relative autonomy with respect to the conscious goals of the analyst. This system of an enduring interactional structure may determine the transference and countertransference as well as the analytic process like an autopoietic system that generates itself in a recursive process. Therapeutic and theoretical aspects are discussed.

On the Analyst's Silence. Ursula Kreuzer-Haustein. Pp. 130-146.

The investigatory perspective of this study is based on the fundamental assumption that it is not only the patient's but also the analyst's silence that shapes the analytic relationship in many ways. The first part of this paper discusses the analyst's silence as an instrument of treatment technique that fulfills various functions. The notion that silence will ensure abstinence and neutrality proves to be erroneous. The second, larger part of the paper focuses on the question of how the analyst's silence may be experienced by the patient. A libidinous silence, creating fusion and concordance, is to be distinguished from a predominantly aggressive-hostile silence; the analyst's silence evokes varied instinctual conflicts, self- and object representations, and different forms of resistance in the patient. By means of a case example the author discusses therapeutic situations in which a stereotypical silence may lead to the analyst's getting lost. Silence as a symbol of death may evoke feelings of uncanniness, destructiveness, and guilt on the part of the patient; the silent analyst becomes the damaged object. The study concludes by describing different therapeutic situations in which the analyst should speak rather than remain silent.

Process and Countertransference in the Psychoanalytic Treatment of a Cancer Patient. The Problem of Aggression. Klaus Rodewig. Pp. 147-161.

Case reports of the analytic psychotherapy of cancer patients are rarely found in the literature. This paper discusses the importance of cancer in regard to transference and countertransference. The author illustrates this by describing

sequences from the beginning and from the end of a therapy. The complexity of the interaction and especially the problem of aggression became obvious at termination, the most difficult phase of therapy, because the patient developed multiple metastases at that time.

Current Views of Masochistic Phenomena and Their Multiple Functions. Wolfgang Wöller. Pp. 162-174.

The term masochism, which was originally used in a specifically sexual sense to describe masochistic perversion, now covers a wide variety of clinical phenomena from the depressive-masochistic personality to extreme forms of self-destructiveness. Moreover, the term is used at varied levels of abstraction: descriptive, dynamic, and as a metapsychological construct. Because of the confusion engendered by its multiple meanings, many attempts at diagnostic and nosological clarification have been made. Psychodynamically, masochistic phenomena are multiply determined and serve multiple functions. While in the "classical" view masochism was considered a drive phenomenon and, with respect to "moral masochism," an unconscious need for punishment for incestuous oedipal wishes, many contributions now emphasize its "narcissistic" functions: in acting as a defense against painful affects, especially the pain of separation; in establishing a symbiotic relationship with a mighty and idealized object whose empathic mirroring is sought; in gaining illusory omnipotent control over the object; and in defending against dissolution of self boundaries and fragmentation of the self. Structural assessment seems to be necessary for an adequate understanding of the predominant function masochism has in a given case.

The Refusal of Psychotherapeutic Help. Empirical Outlines of a Destructive-Narcissistic Phenomenon. Matthias Franz. Pp. 175-187.

In addition to numerous other factors involved in the acceptance of psychotherapy, nonutilization of indicated psychotherapy can be considered as an acting out of destructive narcissistic conflicts. The author tries to join aspects of narcissism and object relations theory with empirical findings on the acceptance of psychotherapy. One hundred probands (from an epidemiological field survey, not a patient sample) who suffered from medium psychogenic impairment received an offer of psychodynamic psychotherapy. Thirty-three percent accepted immediately or, after a few informative talks, within one year. In contrast, only three percent of the investigated sample had sought psychotherapeutic help on their own initiative during the year before the offer. The sixty-seven refusers of the psychotherapy offer were compared to the accepters with regard to sociodemographic, psychometric, and clinical variables (including interaction). A stereotype of attraction, conveyed by sociodemographic variables analogous to the well-known Yavis pattern, could not be proved statistically in this field survey. However,

on the basis of certain personality characteristics, the group of therapy accepters could be differentiated significantly from the refusers. A satisfactory interaction between proband and interviewer is an essential factor for the establishment of a positive acceptance of psychotherapy. In particular, self-esteem and offense protecting factors seem to encourage the probands to accept the offered psychotherapy. These findings seem to be important for the pre-therapeutic process of attachment and motivation and especially for the treatment of narcissistically disturbed patients.