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RECENT DEVELOPMENTS IN THE TECHNICAL APPROACHES OF ENGLISH-LANGUAGE PSYCHOANALYTIC SCHOOLS

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This paper summarizes developments in the major approaches to psychoanalytic technique derived from the ego psychology, Kleinian, British independent, self psychology, intersubjectivist, and interpersonal schools over the past fifty years. The author proposes that two major contemporary currents may be differentiated from each other, namely, the psychoanalytic "mainstream"—derived from contemporary Kleinian, contemporary Freudian, and British independent sources, and the "intersubjectivist-interpersonal-self psychology" current.

In significant contrast to these two major currents within the English-language psychoanalytic approaches, the French psychoanalytic school has evolved a unique third approach to analytic technique. The author proposes that these three currents constitute the dominant trends regarding technique in contemporary psychoanalytic practice. The paper concludes with a brief outline of the characteristics of each of these technical approaches.

INTRODUCTION

The controversial discussions in the British Psychoanalytic Society between 1941 and 1945 (King and Steiner 1991), ending with a

"gentlemen's agreement" among Melanie Klein, Anna Freud, and Sylvia Payne, constitute, in my view, the starting point of contemporary developments in technique within the English-speaking psychoanalytic communities—particularly the North American and British ones. Those controversial discussions led to a clearer definition of the respective approaches of the ego psychology group, led by Anna Freud, now called "contemporary Freudians"; the Kleinian approach, led by Melanie Klein; and the "middle group" approach, inspired by the theoretical approaches of Balint (1968), Fairbairn (1954), and Winnicott (1958, 1965), now called the "British independents." At first, these controversial discussions initiated a sharp differentiation of analytic approaches, perhaps most clearly reflected in the traditional Kleinian approach in Great Britain, on the one hand, and the ego psychology approach, under the influence of Hartmann and his group in the United States, on the other.

OVERVIEW OF PSYCHOANALYTIC TECHNIQUE ACCORDING TO VARIOUS SCHOOLS OF THOUGHT

The traditional Kleinian approach—intimately linked to the revolutionary exploration of primitive object relations and primitive defensive operations described by Klein (1945, 1946a, 1946b, 1952, 1957), her stress on the earliest preoedipal levels of development, and the clinical application of Freud's theory of the death drive—was characterized by the following features: an approach to clinical material from the viewpoint of a focus on the maximum level of anxiety expressed by the patient at any particular point, the effort to interpret the patient's unconscious fantasies at the deepest level, and an ongoing exploration of primitive object relations within the frame of the paranoid-schizoid and depressive positions (Segal 1973, 1979, 1981).

Kleinians insisted on the following techniques: early, consistent, and comprehensive analysis of transference developments; exploration of the deployment of an unconscious world of internalized ob-

ject relations in the transference; and linkages of such transferences with primitive fantasies involving bodily aspects and the interior of the mother's body. Kleinian authors proposed that unconscious fantasy, involving instinctually dominated, primitive object relations, represented at the same time primitive impulses and the defenses against them, so that unconscious fantasies were considered to be the mental correlates of drives. Kleinians have made fundamental contributions to countertransference analysis (Racker 1968).

In contrast, *the ego psychology approach* focused on later levels of development, centered on interstructural conflicts and the centrality of the oedipal situation, and the analysis of unconscious conflicts as represented by impulse-defense configurations, with a particular focus on the defensive structures of the ego—including character defenses and the analysis of such defenses as they become resistances in the analytic treatment situation. The dominance of the consideration of the structural theory (the so-called second topic within French psychoanalysis) as the basis for interpretation also implied the importance of superego defenses and the role of unconscious guilt. Fenichel's (1941) text entitled *Problems of Psychoanalytic Technique* was the fundamental statement of the technical approach of ego psychology, later expanded in Greenson's (1967) classical text and in Rangell's (1963a, 1963b) and Brenner's (1976) contributions. Fenichel spelled out the economic, dynamic, and structural criteria for interpretation; stressed the importance of interpreting always from the side of the ego, from surface to depth; and emphasized the interstructural relations of the conflict between defense and impulse. Fenichel's work remained the definitive summary of ego psychology technique well into the era of the contemporary Freudian approach in the United States.

The British independents, the original "middle group," acknowledged their roots in both ego psychology as represented by Anna Freud, and in the Kleinian approach, particularly the latter's emphasis on internalized object relations as a guiding principle for psychic development, structure formation, and analytic technique (Kohon 1986; Little 1951; Rayner 1991; Stewart 1992). The British independents stressed the exploration of affective developments in

the analytic situation, the importance of preoedipal stages, the centrality of countertransference analysis, and the consideration of early traumatic situations as bringing about a "basic fault" (Balint 1968) that might require modifications in technique with regard to tolerance and interpretive management of severe regression.

The analysis of transitional phenomena and of the true and false self, comprising Winnicott's (1958, 1965) contributions, as well as the systematic analysis of the relationships with "bad internal objects" stressed by Fairbairn (1954), converged in an emphasis on analysis of the transference, although transference analysis was not the exclusive focus. The British independents made use of Kleinian contributions to the understanding of primitive object relations and primitive defenses, particularly projective identification, but they also recognized the implications for psychopathology of more advanced levels of development, as well as the impact of later developmental stages on intrapsychic structure and the analytic situation. Because the independents occupied an intermediate position between the approach of ego psychology and that of the Kleinians, their boundaries have been more difficult to define; by the same token, they contributed fundamentally to the gradual rapprochement of ego psychology and Kleinian approaches in the last twenty years.

In fact, the most impressive development of analytic technique within the English-language analytic community, in my view, is the gradual rapprochement of these three viewpoints, as the separate groups have learned about each other's ideas in their confrontations at international meetings, and as practicing clinicians have gradually recognized the therapeutic limitations of whichever theory they attempt to apply. Thus, new generations of analysts have reshaped the respective technical formulations.

CONTEMPORARY KLEINIAN PSYCHOANALYTIC TECHNIQUE

Within the Kleinian school, Rosenfeld's (1964, 1987) analysis of the narcissistic personality, applying Klein's (1957) contributions in *Envy*

and Gratitude to a particular character pathology that had proven to be remarkably resistant to classical analytic technique, implicitly introduced the concept of character analysis—so central to ego psychology—into Kleinian technique. The development of this approach in Steiner's (1993) book on psychic retreat expanded Kleinian analysis to pathological personality organization, and introduced an explicit focus on the here-and-now analysis of characterological resistances. While Bion's (1967a) work focused mostly on primitive transferences of severely regressed patients, his questioning of the authoritarian stance of the analyst, distilled in his famous recommendation to analyze without memory or desire, also raised implicit questions about the categorical style of interpretation of traditional Kleinian analysis (Bion 1967b, 1970).

The Kleinian mainstream, represented particularly by the group led by Segal (1973, 1979, 1981, 1986), Joseph (1989), and Spillius and Feldman (1989), and reflected in the fundamental *Melanie Klein Today* (Spillius 1988) volumes, proposed fundamental changes in Kleinian technique: the focus on unconscious fantasy was maintained, but shifted from its concern with anatomical organs to stress on the functions of primitive fantasy. The interpretive style became less categorical; less focused on aggression, destructiveness, and envy; and more attuned to the dominant level of anxiety in the here and now, rather than the assumed deepest level of anxiety. Increasing attention was paid to projective identification as it affects transference and countertransference, and to the patient's implicit expectations reflected in the analyst's being tempted to move into certain interventions, with an increased focus on nonverbal behavior and on interactions in the here and now.

All of these developments moved Kleinian analysis in the direction of ego psychology, without explicit acknowledgment of this shift. Nevertheless, Kleinian interpretations were no longer dealing as much with bodily fantasy as with the present level of mental functioning of the patient and his or her level of symbolization (Segal 1981, 1986; Spillius and Feldman 1989). In the United States, Ogden (1982, 1986, 1989) introduced a Kleinian approach, with some Winnicottian aspects added to the analytic approach to psychotic patients.

THE CONTEMPORARY FREUDIAN APPROACH

Simultaneously, within the *contemporary Freudian approach,* a number of analysts in Great Britain (J. Sandler 1976, 1987; J. Sandler et al. 1992; J. Sandler and A.-M. Sandler 1984), as well as a variety of American ones within the ego psychology tradition, began to include an object relations perspective in their theoretical formulations and technical interventions. Modell (1976, 1990), influenced by Winnicott, introduced an object relations approach. Authors dealing with borderline psychopathology and severely regressed patients in general, such as Jacobson (1971), Kernberg (1976, 1984, 1992), Searles (1979), and Volkan (1976), introduced an object relations approach focused on the consequences of earliest internalizations for primitive defenses and object relations, and particularly on the clinical implications of splitting mechanisms and projective identification, including concepts and technical approaches from the Kleinian and British independent schools.

J. Sandler and A.-M. Sandler (1998), in an implicit critique of the ego psychology tradition of interpreting "pure" drive derivatives in the context of analysis of the defenses against them, stressed that unconscious fantasy includes not simply derivatives of libidinal and aggressive drives, but specific wishes for gratifying relationships between the self and significant objects. They proposed that unconscious fantasy thus takes the form of wishes for specific relationships of the self with objects represented by fantasized, desirable relations between self-representations and object representations. According to this view, the expression of impulses and their derivatives is transformed into a desired interaction with an object, and a wishful fantasy includes the reaction of the object to the wishful action of the individual. In the transference, the patient expresses behavior dedicated to the induction of complementary actions on the part of significant objects, at the same time being unconsciously attuned to the "role responsiveness" of the analyst. The analyst's countertransference, codetermined by the patient's transference developments and by the unconscious role responsiveness of the analyst,

facilitates the actualization of unconsciously fantasized object relations in the transference. This provides the analyst with a powerful tool for the interpretation of unconscious fantasy in the here and now.

J. Sandler and A.-M. Sandler (1998) described the continuities and discontinuities between the most primitive realizations of unconscious fantasy in hallucinatory wish fulfillment and delusion formation, the complex layers of unconscious and conscious daydreaming, and the unconscious and conscious illusory transformation of the perception of present reality. They clarified, in a contemporary ego psychology theoretical frame, the differences between the ego as an "impersonal" set of structures vis-à-vis the "representational world" (constituted by representations of self and object and of ideal self and ideal object). Affectively invested internalized object relations are actualized in the transference not only in specific, fantasized desires and fears emerging in free association, but also—and significantly so—in the patient's character traits that emerge as transference resistances, very often in the early stages of analysis. J. Sandler and A.-M. Sandler stressed the central importance of affects as the link between self and object representations in any particular fantasized interaction between them, thus expanding the theoretical formulations originally laid down by Jacobson (1964).

The clinical rapprochement of ego psychology with the Kleinian approach is signaled most impressively by Schafer in *The Contemporary Kleinians of London* (1997), an extremely careful, critical, and yet obviously sympathetic exploration of key contributions from the contemporary British Kleinians addressed to a North American audience. A new mainstream of analytic technique within the English-language analytic community seems to be evolving.

THE INTERPERSONAL OR RELATIONAL APPROACH IN PSYCHOANALYSIS

At this point, I must introduce an additional perspective that complicates everything said so far. *The Analysis of the Self* (Kohut 1971),

together with Volumes I and II of *Analysis of Transference* (Gill 1982; Gill and Hoffman 1982), starting from completely different theoretical perspectives and reaching very different conclusions, represented, nevertheless, a significant new current in North American analytic thinking. This current gradually established a relationship with the culturalist analytic approach in the United States, which, beginning with Sullivan (1953), had persisted as a tradition parallel to the analytic community of the International Psychoanalytic Association, and which now surfaced as the *contemporary interpersonal* or *relational* approach in analysis. Self psychology, the intersubjective approach, and the relational and interpersonal orientations together constitute a major alternative to the analytic mainstream within the English-language analytic community (Greenberg 1991; Greenberg and Mitchell 1983; Mitchell 1988, 1997; Stolorow, Brandchaft, and Atwood 1983, 1987).

Kohut's (1971, 1977, 1984) self psychology had significant implications for analytic technique. In contrast to Rosenfeld's (1964) and my own recommendations (Kernberg 1984) regarding technical approaches with narcissistic personalities, Kohut proposed that narcissistic pathology constituted a specific pathology, intermediate between psychosis and borderline conditions, on the one hand, and neurosis, on the other, differentiated by the specific idealizing and mirroring transferences of these patients. These transferences reflected the activation of an archaic, rudimentary self whose narcissistic equilibrium could be safeguarded only by the interest and approval of current replicas of traumatically missing selfobjects of the past. The analyst's task is to facilitate the consolidation of the grandiose self. Later, more mature forms of the self, reflected in self-esteem and self-confidence, can develop upon that initial groundwork. The analyst, instead of operating from a position of technical neutrality, must operate within a self/selfobject relationship, within which the tolerance of the patient's idealization and the facilitation of adequate mirroring permit the healing process to occur. Idealization of the analyst replicates the normal process of the transmuting internalization of the idealized selfobject into the ego ideal, thus facilitating the consolidation of the tripartite structure.

Narcissistic psychopathology, in the self psychology view, develops due to the traumatic failure of empathic mothering functions and the corresponding failure of the idealization of the selfobject to flourish. It constitutes a developmental arrest, with a fixation at the level of the archaic infantile grandiose self and an endless search for idealized selfobjects needed to complete structure formation. As a consequence, these patients experience repeated, severe traumatizations as their needs and expectations are not met, traumatizations that are reactivated in the transference and thus are subject to interpretive resolution. The corresponding analytic technique implies that narcissistic idealization of the analyst must be permitted to occur in the unfolding of the idealizing and mirror transferences. The patient's reliving of early traumas by experiencing him- or herself as misunderstood by the analyst must be explored by means of the analyst's empathic recognition of this disappointment and the analysis of the patient's experience of the analyst's failure to meet the patient's needs.

The analyst's inevitable failure to avoid narcissistic traumatizations of the patient brings about temporary traumatic fragmentation of the grandiose self, narcissistic rage, severe anxiety, and hypochondriasis. Traumatization that is severe and unrepaired may lead to the evolution of delusion formation of the grandiose self, with a paranoid form of grandiosity. It is essential, therefore, that the analyst explore how he or she failed the patient due to a lack of appropriate empathy. For Kohut, self/selfobject relations can never be fully resolved, because they constitute a normal need throughout the lifetime.

The technical approach derived from Kohut's theory focused sharply on the here-and-now relationship in the context of an exploration of the potentially traumatic effects of a breakdown in the analyst's empathy. With its de-emphasis of such classical analytic concepts as the importance of unconscious aggression, the centrality of the oedipal conflict and of infantile sexuality, and its rejection of technical neutrality, self psychology constituted a major challenge to the dominant ego psychology approach within American psychoanalysis.

The fact that it was possible to "contain" self psychology within the overall scientific, professional, and administrative structure of the American Psychoanalytic Association (in contrast to the earlier rejection of the culturalist school) had fundamental consequences in bringing to an end the dominance of ego psychology within the educational structure of North American analysis. Paradoxically, this development opened the field to the modifications of ego psychology, inspired by the object relations theory that had evolved as a consequence of the exploration of severe psychopathologies and the related focus on preoedipal pathology, primitive object relations, and defensive operations.

As part of this opening during the last thirty years, and in parallel to the incorporation of self psychology and neo-Kohutian contributions within the American Psychoanalytic Association, the fundamental contributions of Mahler (Mahler and Furer 1968; Mahler, Pine, and Bergman 1975) to the developmental analysis of normal and pathological separation–individuation, as well as their implication for the treatment of borderline conditions, became generally accepted, and my own efforts to integrate ego psychology and object relations theory became less controversial. Independently, Loewald (1960, 1980) introduced an object relations perspective into his exploration of the psychoanalytic process.

At the same time, insofar as self psychology stressed the importance of early deficits—in contrast to the universal etiologic importance of unconscious conflicts—a broad spectrum of authors explored the implications of early deficits in severe psychopathologies for analytic technique and its modifications. Simultaneously, Ogden (1982, 1986, 1989) applied British independent and Kleinian approaches to the treatment of patients with severe psychopathology, and the focus on "projective identification" was no longer a sign of "anti-American" activity.

MODIFICATIONS IN THE PSYCHOANALYTIC "MAINSTREAM" VIEWPOINT

Gill and Hoffman (Gill 1982, 1994; Gill and Hoffman 1982), starting from a basis in traditional ego psychology, made modifications in

the light of their empirical research on the analytic situation, creating further theoretical and technical shifts in the thinking of North American analysts. Gill demonstrated convincingly that transference phenomena are ubiquitous from the beginning of the treatment, and stressed the importance of transference analysis from the very start, in contrast to the cautious approach to transference analysis in traditional ego psychology. Furthermore, in radically questioning the traditional ego psychology concept of transference as primarily what might be called "a distortion of the present by the patient's past," he postulated that "transference is always an amalgam of past and present, and is based on as plausible a response to the immediate analytic situation as the patient can muster" (1982, p. 177).

> This view implies a shift to the position that the analyst is per force a participant-observer (Sullivan's term) rather than merely an observer. It also implies a shift from the view of the reality of the analytic situation as objectively definable by the analyst to a view of the reality of the analytic situation as defined by the progressive elucidation of the manner in which that situation is experienced by the patient. [Gill 1982, p. 177]

The transference, in short, is a result of the interaction between the patient and the analyst, and Gill therefore stressed the importance of honest self-scrutiny on the analyst's part. This represented an important, implicit critique of the authoritarian imposition of the analyst's view as part of his or her interpretive function. Gill's proposal also implied that the analyst cannot study the analytic situation objectively, and that the analyst's view of reality must be defined, as mentioned above, by "the progressive elucidation of the manner in which that situation is experienced by the patient."

This "constructivist" view of the transference stands in contrast to the "objectivist" view of it on the part of most American ego psychology and all British approaches; it sharply focuses the analyst's attention on the here-and-now interaction with the patient in terms of the reality aspects of this interaction, without limiting that at-

tention to the reproduction of the patient's unconscious fantasies. It represents a definite shift from a "one-person psychology" to a "two-person psychology," and to a focus on the actual conscious and unconscious interactions between patient and analyst as the major focus of the analytic endeavor, with an emphasis on transference and countertransference analysis that implicitly privileges the patient's subjective experience.

This constructivist orientation was developed further in the intersubjective approach of Atwood and Stolorow (Atwood and Stolorow 1984; Stolorow 1984, 1992; Stolorow and Atwood 1979; Stolorow, Brandchaft, and Atwood 1983, 1987; Stolorow and Lachmann 1980), and established theoretical as well as technical relations with the interpersonal or relational approach of Greenberg and Mitchell (1983). A broad spectrum of analytic approaches within what might be called an overall *self psychology–intersubjective–interpersonal framework* evolved in the United States (Bacal 1990; Levenson 1972, 1983, 1991; Mitchell 1988, 1993; Mitchell and Aron 1999; Mitchell and Black 1995). At a clinical level, the focus of self psychology on self/selfobject transferences as a major matrix of analytic treatment has implied a movement away from the technical neutrality that characterizes the traditional ego psychology, Kleinian, independent, and contemporary mainstream analytic approaches to which I referred earlier.

Post-Kohutian self psychology, analyzing within a frame of providing selfobject functions, has evolved into an emphasis on emotional attunement as a basic attitude, in order to help the patient clarify his or her own subjectivity in the light of the analyst's empathic, subjective immersion in the patient's experience, and with acknowledgment of the intersubjective reality established in the interplay between the patient's and the analyst's subjectivities (Schwaber 1983). The selfobject function of the analyst is translated into his or her interpretive function in clarifying the patient's affective experience. Both deficit models and conflict models of psychopathology may be combined in this emphasis on a sustained empathic immersion of the analyst in the patient's evolving subjective experience. This approach accentuates an "antiauthoritar-

ian" attitude of the analyst, questions the privileged nature of the analyst's subjectivity, and questions the function of the analyst's technical neutrality and anonymity.

The focus on the analyst's role in compensating for past deficits, for overstimulation or understimulation of the patient's archaic self, and for the absence or lack of soothing by parental figures—with a consequent frailty of the development of the self—may derive from a self psychology perspective, but stems also from the application of a model of the infant–mother relationship that focuses on deficits and conflicts derived from separation-individuation.

The interpersonal perspective derived from culturalist analysis, originating in Sullivan's (1953) contributions, focuses on the development of the self as intimately linked with interpersonal experiences. Personality development, in this view, is intrinsically linked with the interpersonal field, as psychic life is continuously remodeled by past as well as new relationships, rather than being determined by fixed structures deriving from past unconscious conflicts. This concept of the personality as developing in a relational matrix (rather than expressing conflicts between drives and defenses against them) requires a focus on the intersubjective field in the relationship between patient and analyst. This new relational matrix, fully explored and interpretively modified, can bring about emotional growth via the patient's integration of these new affective interpersonal experiences.

A major consequence of this overall shift in analytic perspective is the questioning of the traditional, objectivist view of the analyst's subjectivity in facing the patient with his or her transference distortions and their origins. In the constructivist model, exploration of new affective relational developments in the analytic situation is the basic source of mutual understanding of patient and analyst, and the patient's incorporation of this affective experience is seen as a major therapeutic factor. A further consequence of the emphasis on the privileged subjectivity of the patient is the movement away from the interpretation of the aggressive aspects of the transference. If aggression is due to the breakdown of a positive relationship in the patient–analyst interaction and the

loss of empathic attunement, it may be traced to that loss, rather than to intrapsychic conflicts in the patient.

Some authors consider self psychology a partial object relations theory focused on the positive, growth-promoting aspects of the relational matrix, not necessarily in conflict with the consideration of the introjection of negative object relations as well. One final and quite characteristic aspect of all these object relational and intersubjective approaches is the relative de-emphasis on sexuality and the oedipal complex, with major importance accorded to the early mother–infant relationship and the traumata of separation-individuation.

The general consolidation of what I have described as the psychoanalytic mainstream has gradually brought the three traditional currents of the British Psychoanalytic Society closer, to the extent that, in my experience, when hearing clinical presentations by British analysts, it is no longer easy to differentiate those with a contemporary Kleinian background, an independent background, or a contemporary Freudian background. In the United States, the traditional ego psychology approach has maintained its relative distinctiveness in the work of important contributors to the contemporary Freudian approach, such as Blum (1979, 1980, 1985), Jacobs (1991), Levy and Inderbitzin (1990), Pine (1990), and particularly Busch (1995) and Gray (1994). In fact, Busch and Gray may be considered the outstanding exponents of the development of the contemporary Freudian approach in the United States, maintaining a relatively classical ego psychology technical approach, but with a significant shift in their analysis of resistance.

The traditional ego psychology approach—that is, analysis of the patient's material from the viewpoint of the ego and from surface to depth, uncovering, at each step, the layers of defenses protecting against unconscious drive derivatives (which in turn might eventually be integrated into defensive operations against still deeper aspects of unconscious drive derivatives)—gradually led to an increased focus on the conscious and preconscious aspects of the patient's functioning in the analytic situation, and/or the external reality in which this mode of functioning was also manifest.

The focus on manifestations of defensive structures as clinical resistances often led to an analysis of resistances as unconsciously motivated opposition to the analyst's effort to uncover unconscious fantasy and motivation. "Resistance analysis" implied, under these circumstances, a quasi-authoritarian stance on the part of the analyst, who pointed out to the patient that he or she was "resisting" interpretive efforts. In all fairness, this viewpoint did not do justice to the subtle implications of Fenichel's (1941) and Greenson's (1967) contributions, in the sense of analyzing the unconscious motivation of resistances. In practice, however, "overcoming of resistances" often led ego psychology technique to a potentially adversarial stance in the treatment situation.

Against this tradition, Gray (1994)—and Busch (1995), in following Gray's footsteps—stressed the importance of analyzing the motivation of the patient's resistances, focusing on his or her preconscious reasons for the mode of functioning that the analyst considered to have an unconsciously defensive purpose. Implicitly, exploration of the reasons for the patient's defensive operations led to the underlying object relations activated in the transference, and permitted the resolution of defensive operations without an "overcoming" of the resistances. Busch proposed that this approach might also be utilized in analytic work with severe personality disorders, where severe ego distortions interfere with standard analytic technique, and the patient's expression in action rather than in free association might then be explored in terms of the purposes and defensive functions of such actions, gradually helping the patient's ego to reflect on underlying fears and fantasies.

Perhaps the most radical expression of a "purified" ego psychology approach in the United States—as contrasted with the gradually integrating movement of the analytic mainstream—is represented by Brenner's (1998) proposal to do the following: to drop all considerations of interstructural aspects of the patient's intrapsychic life; to disregard the tripartite structure (or "second topic," as it is termed in French analysis); and to focus exclusively on drives, unconscious conflicts, and compromise formations between drive derivatives and defensive functions.

One might illustrate the wide divergence of recent developments in technical analytic approaches in the United States by contrasting this minimalist development within ego psychology to what might be considered the most radical expression of the intersubjective approach, as seen in the work of Renik (1993, 1995, 1996, 1998a, 1998b, 1999). Renik proposed a selective communication to the patient of aspects of the analyst's countertransference, in order to make the patient aware of how he or she is perceived by the analyst, and of the impact of the patient's personality upon their interaction, thus facilitating analysis of the intersubjective aspects of transference and countertransference. Renik's proposed technique also accentuated the desirability of an antiauthoritarian approach to interpretation.

Before I proceed to summarize the two major currents of English-language psychoanalytic approaches to technique, as reflected in what I have called the mainstream approach and the intersubjective one, it should be stressed that, naturally, each individual analytic contributor would be justified in pointing out that his or her particular approach cannot be completely subsumed in one or the other of these currents; major differences remain among authors who, from a very broad perspective, might be ordered along the lines I am suggesting. However, while such a summary necessarily has to do injustice to specific differentiations, it provides an overview of how psychoanalysis is evolving at this point within the English-language communities.

CHARACTERISTICS OF THE TWO MAJOR CURRENTS OF THE ENGLISH-LANGUAGE PSYCHOANALYTIC MAINSTREAM

Following are the characteristics of the *contemporary psychoanalytic mainstream.*

> Early and systematic interpretation of the transference. This includes the "total transference" of the

Kleinians (Joseph 1989; Spillius 1988), the "present unconscious" of J. Sandler and A.-M. Sandler (1998), and Gill's (1982) analysis of resistances against the development, recognition, and elaboration of the transference within an ego psychology perspective.

A central focus on countertransference analysis and its utilization in the interpretation of transference as a consistent aspect of analytic work, embracing the contemporary "totalistic" concept of countertransference as consisting of all the analyst's emotional reactions to the patient.

Systematic character analysis, without necessarily mentioning this by name. The analysis of transference resistances as characterologically based defensive operations that reflect an implicit unconscious object relationship emerges in the ego psychology approach (such as is reflected in Busch's [1995] and Gray's [1994] work), in the Kleinian approach (as the analysis of "pathological organizations" [Steiner 1993]), and in the pathological patterns of relationships in the independent school. Kris's (1996) ego psychology contributions to the analysis of free association also imply such a focus on characterologically determined distortions of free association.

A sharp focus on unconscious enactments in transference and countertransference developments, with emphasis on unconscious meanings in the here and now, as part of the analysis of the transference from surface to depth in ego psychology. Resistances are conceived as object relationships, not simply as impersonal mechanisms. This corresponds to the Kleinian focus on functions in contrast to anatomy in the patient's fantasies, and the analysis of "total transference" (Joseph 1989; Spillius 1988).

An emphasis on affective dominance. This was first stressed by the independents, but is now considered essential in both contemporary Freudian and contemporary Kleinian approaches.

A predominance of models of internalized object relations. Even Brenner (1998), a bastion of ego psychology, abandoned the focus on the tripartite structural model in a recent publication on technique.

Technical neutrality. In contrast to self psychology's explicit abandonment of the emphasis on the analyst's concerned objectivity, and in opposition to the two-person model of the intersubjective school, the contemporary psychoanalytic mainstream focuses precisely on that objectivity, through implicitly stressing a "three-person" model. This three-person model emphasizes the double function of the analyst as immersed, on the one hand, in a transference-countertransference relationship, and on the other, as maintaining an objective distance, from which observations and interpretations of the patient's enactments of internal object relationships can be carried out. A related concept, stressed by ego psychology but implicitly present in other approaches as well, is that of the therapeutic alliance, or conflict-free aspects of the relationship between patient and analyst. As Deserno (1990) pointed out, this therapeutic alliance or relationship is a relative concept—limited, at one extreme, by the danger of conventionalized agreements between patient and analyst that imply a joint blind spot regarding cultural bias, as opposed to another extreme in which the transference is considered to be an infinite regress, and the very possibility of an objective approach to it from a position of technical neutrality is denied.

Emphasis on the multiplicity of "royal roads" to the unconscious, in the sense of an assumption of multiple surfaces of defensive formations that lead into the dynamic unconscious, and the fact that affective dominance may point to very different aspects of the material (memories, dreams, acting out, fantasies, and so on) —all of which, under concrete circumstances, constitute a royal road to unconscious fantasy.

A concerned avoidance of indoctrination by categorical styles of interpretation, and stress on the patient's active

work in exploring unconscious meanings with the help of tentative interpretations by the analyst.

An increased questioning of linear models of development, since the condensation of experiences from multiple developmental levels present themselves as compressed matrixes of experience or behavior that can only gradually be disentangled and separated into different historical events. It may well be that this technical development reflects an indirect influence from French psychoanalysis.

Following are the characteristics of the technical approaches of the *intersubjectivist–interpersonal–self psychology* schools.

A constructivist approach to the transference, as opposed to the traditional objectivist one. The transference is a compromise formation, and the unavoidable subjectivity of the analyst justifies questioning the possibility of an objective view of it. In this regard, transference develops in parallel to countertransference, which is also a composite of analyst-determined and patient-determined influences. The analysis of the transference is the construction of a joint understanding of the intersubjective structure of the patient–analyst relationship, and both patient and analyst have to accept the influence of unconscious factors in their understanding and interpretation of this relationship.

Technical neutrality is rejected as an illusion and an expression of the authoritarian position of the analyst. During treatment, the analyst is perceived by the patient as having all the answers, and may easily be seduced into such a position. Within a self/selfobject position of the analyst, technical neutrality is clearly precluded as a potentially traumatizing and destructive effect on the consolidation of a normal self. An empathic orientation is central in the analyst's attitude. The analyst's "anonymity" represents a disguised position of authority, and maintains an idealization that cannot be analyzed.

A deficit model of early development is recognized explicitly or implicitly, in the sense of failure in early attachment or of a loving dedication on the part of the parenting object, or of other failure of caretakers to meet the patient's dependency needs in early infancy or childhood, leading to insecure attachment and traumatophylic transferential dispositions. Resistances are really mini-traumatic experiences, and the analyst has to consider the possibility of either an excess or a lack of sufficient stimulation in the treatment situation as a traumatic experience for the patient. The self develops within a relationship matrix that is constantly revised and newly traumatized, and the transference repeats such experiences, leading to a focus on the patient's subjectivity and its privileged position.

Aggression is not seen as a drive or de-emphasized as such. Many authors within this approach perceive aggression as a consequence of a failure in the early infant–mother relationship. Self psychologists usually interpret the emergence of aggression in the transference as a consequence of a failure in the analyst's empathy. Neither is primitive sexuality emphasized as a drive: sadomasochism is at times considered a consequence of insecure attachment. Here, object relations theories are perceived as standing in opposition to drive theories.

The treatment is conceived as a new object relationship, within which the real personality of the analyst is as important as his or her interpretive work. Communication of the countertransference, under certain conditions, may facilitate a new experience of important or fundamental therapeutic value for the patient.

THE FRENCH PSYCHOANALYTIC APPROACH

I referred earlier to the *French psychoanalytic approach* as the third major current of contemporary psychoanalytic formulations, with its

corresponding differentiated technical approach. At this point, it may be helpful to briefly summarize this approach, which definitely represents an alternative approach to other analytic techniques and, in my view, provides an external perspective that may enrich the English-language psychoanalytic community. Here I am reserving the term *French approach* for those attributes that, from an outsider's perspective, appear as common characteristics of the French-language analytic societies and institutes that are included in the International Psychoanalytical Association, in contrast to the Lacanian approach, which has nevertheless left deep traces in what I consider to be the French mainstream (De Mijolla and De Mijolla-Mellor 1996; Green 1986, 1993; Laplanche 1987; Laplanche, Fletcher, and Stanton 1992; LeGuen 1974, 1982, 1989; Oliner 1988).

With these caveats, I would summarize the main technical characteristics of the French mainstream, in contrast to both the English-language mainstream and the intersubjective approaches, as follows:

> A general opposition to the concept of *technique* as contrasted with analytic *method,* in order to stress the highly individualized, subjective, and even artistic aspects of analytic practice.
>
> A strong focus on the linguistic aspects of analytic communication, including the search for nodal points where unconscious meanings may be expressed as metaphor or metonymy—in other words, symbolic condensations or displacement. The assumption is that unconscious influences determine the symbolic significance of linguistic distortions, and constitute a privileged road into the assessment of unconscious conflicts. More recently, affective implications of symbolic meanings expressed in language have been stressed.
>
> Consistent, subtle observation of the transference, but without a systematic interpretation of it. Rather, there is a punctuated, sparing interpretation of it, in the interest of avoiding an authoritarian distortion of the transference by too-frequent interpretive interventions.

Leaving aside, rather than paying special attention to, the resistances of the ego, which represent seductive ego functions attempting to shield unconscious fantasy. In this context, intellectual explanations are carefully avoided.

Direct interpretation of deep, symbolized, unconscious conflicts, while addressing the patient's preconscious through evocative, nonsaturated interpretations. Such evocative interpretations are seen as indirectly addressing the patient's unconscious: effective interpretations of preconscious material induce unconscious resonances.

Simultaneous consideration of somatizations and nonverbal behavior (enactments) in one integrative statement, on the basis of the analyst's combined consideration of the patient's preconscious fantasy and the countertransference. If the patient's behavior cannot be linked with his or her discourse, it is not interpreted.

Efforts to avoid being seduced by the patient's conscious constructions regarding the realities of daily life. Excessive consideration of external reality risks transforming analysis into therapy.

Direct interpretation of presymbolic psychosomatic expression of unconscious conflicts. This is a specific approach of the school of Pierre Marty (1980).

Analysis of the patient's expectation that the analyst is the subject of presumed knowledge. In other words, the symbolic function of the idealized oedipal father, supposed to protect the patient from the deepest aspects of castration anxiety, is analyzed.

Focus on archaic sexuality, particularly the archaic aspects of the oedipal complex that develop in the preoedipal symbiotic mother–infant relation. Insofar as the father is always present in the mind of the

mother, preoedipal relations are always perceived as resistances against oedipal conflicts. This approach also implies a pervasive consideration of the role of castration anxiety.

Opposition to linear conceptions of the origin of development. This is accompanied by a strong emphasis on the *après coup,* that is, the retrospective modification of earlier experiences, including a two-stage model of psychic trauma, implying that later experiences may modify earlier ones in a traumatic direction, and/or that only after secondary incorporation of an experience which could not be metabolized does such an experience acquire the meaning of a psychic trauma. There is a focus on analysis of the condensation of psychic experiences from different times into synchronic expressions, and diachronic, narrative developments—repeating the oscillation between synchronic and diachronic expressions in the transference—are emphasized.

A "progressive" vector of the interpretation, implying a future-directed elaboration of the oedipal complex as one aspect of interpretive interventions. Interpretations are made to open the way, rather than to establish the truth.

Acceptance of the irreducible basis of earliest transferences, derived from the mother's enigmatic messages. These messages reflect the unconscious erotic investment by the mother of the infant, which will only retrospectively be interpreted as such in the infant's development of primary unconscious fantasies representing the archaic oedipal complex. These transferences may be interpreted, but the final, unconscious repetition of the experience of enigmatic messages from the analyst, the transmission of "unconscious" to "unconscious," has to be respected. (This is a major emphasis in Laplanche's [1987] work.)

> Finally, and very fundamentally, emphasis on the analysis of preconscious fantasy, and on analyzability as based in the development of the capacity for such preconscious fantasy—in contrast to the incapacity to tolerate psychic experience in this psychic realm, and its expression in somatization or acting out. Therefore, the retransformation of acting out and psychosomatic expression into preconscious fantasy constitutes a major technical goal in cases where the patient's tolerance of intrapsychic experience (of a traumatic kind) is limited. This is a major point raised by Marty (1980) and Green (1986).

Implicitly, the French psychoanalytic approach described above is critical of both the English-language analytic mainstream and of the intersubjective viewpoints. The French approach sees a risk of superficiality deriving from the focus on conscious material and clarification of reality life circumstances within ego psychology. French authors would also be concerned about cognitive indoctrination of patients by means of systematic transference analysis, and the acting out of countertransference as a consequence of such systematic transference analysis. The French approach is critical of what is considered to be a neglect of early sexuality and the archaic oedipal complex in the English-language schools, and the French are particularly critical of intersubjectivity as a seduction into a superficial interpersonal relationship, the denial of Freud's theory of drives, and the implicit supportive psychotherapeutic intervention that occurs when the analyst presents him- or herself as an ideal model, with unconscious acting out of countertransference as a major consequence.

CONCLUSION

I have attempted to describe the development of the three major approaches to psychoanalytic technique among English-speaking analysts, and to show how their cross-fertilization during the past

thirty years has affected them. In contrasting these three viewpoints with the French mainstream, I have suggested ways in which each of them may be flawed or incomplete. If the trend toward mutual modification of previously hotly defended differences continues, one might expect a degree of convergence in the French and English schools in the years to come.

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ON THE CONNECTION BETWEEN PHYSICAL DEFECTS AND THE CHARACTER TYPE OF THE "EXCEPTION"

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A clinical and theoretical study is presented of the effects of physical defects on character structure, especially on its narcissistic aspects. The basic thesis of this paper is that there are two differentiable responses to awareness of a physical disability: various forms of denial, and a clinging to narcissistic overgratifications as a compensation for negative feelings about the self. The first response, of overusing denial, is universal, and of course leaves its mark on a person's character. However, only the second sort of response, of clinging to overgratifications, leads to the character type of the "exception" (Freud 1916). The distinction between moral ideals, embodied in the ego ideal narrowly defined, and nonmoral ideals, embodied especially in the wishful self-image, is presented as a useful tool in understanding various psychological effects of physical disabilities.

INTRODUCTION

The psychical consequences of physical deficits are complex and varied: complex in that they can involve drive and ego issues from many levels of development in the same patient, and varied in that the reaction can be quite different in different individuals, depending on such factors as the nature of the deficit, its time of onset,

the individual's natural endowment, and parental reactions. In this paper, I look specifically at the varied effects of physical defects on an individual's narcissism. This emphasis is not meant to at all deny the importance of other issues in these cases, such as libidinal fixations; conflicts over aggression; the heightening of castration, body disintegration, and other anxieties; and consequent, often profound effects on body image and self-image (Castelnuovo-Tedesco 1981, 1997; Coen 1986; Niederland 1965; Parker 1971). I am interested in trying to clarify the effects of physical defects on narcissism in particular because I think there has been some confusion in relation to this issue.

Freud (1916) drew a connection between physical defect and the character type he called the "exception," whereby a person demands special treatment as a recompense for the deficit that he or she has had to endure. In her study of the "exceptions," Jacobson (1959a) showed that a number of her female patients, blessed with great physical beauty, developed the feeling that they deserved special treatment for the seemingly opposite reason from Freud's patients: they had always received special adulation for their beauty and had become attached to being so treated. The picture is further complicated by the fact—noted, for instance, by Rothstein (1977)—that many patients with physical disabilities do not develop the character type of the "exception."

Was Freud wrong, then, to make this connection between physical defect and a particular character type? The basic thesis of this paper is that there are in fact two different reactions to the situation of a physical disability, and that by carefully making the distinction between these two reactions and their quite different causations, some sense can be made of this confusing picture. Specifically, these two reactions are a fixation to narcissistic overgratifications, and massive denials in fantasy and in action of the defect.

FIXATION TO EARLY OVERGRATIFICATIONS

As I have argued in previous papers (Fernando 1997, 1998), attachment to early narcissistic overgratifications, which may be caused

by overprotection and compensatory coddling given by a parent to a child with a physical disability, leads to an unwillingness to give up childhood grandiosity and omnipotence, interfering with the normal integration of the superego into the personality and leading to continual demands for special treatment. However, not all children with physical disabilities are overgratified in this way, although many certainly are. On the other hand, many other situations may involve the type of overgratification that leads to the so-called character type of the exception, such as adulation based on exceptional skills, talents, or physical beauty (as with Jacobson's patients), and situations in which the parent is afraid to impose any frustrations on the child for reasons other than the child's physical disability.

A fixation to adulation and being special exacerbates tendencies toward denial of realistic limitations, but the use of denial in relation to physical defects can have another causation altogether. It can be a direct response to the perception of defectiveness in relation to others, even in those who do not have a strong need to be treated as an exception. In these cases, the use of denial does not affect superego development to any great extent, but does have other repercussions on psychic structure. The wishful self-image (Jacobson 1964; Milrod 1982), a substructure within the ego against which the ego compares itself, feeling shame if it falls far short of this image, is usually elevated to unattainable limits by the child's overuse of denial in fantasy.

At the same time, of course, the child's perception of his or her defect has deep and long-lasting influences on the self-image. The combination of a denigrated self-image and an unrealistically overblown, wishful self-image leads to acute feelings of shame, against which various defenses are employed. These dynamics—the outcome of the use of massive denials—are quite distinct, I contend, from those of the exception, although they both share the characteristic of overusing denial, which can tend to confuse the issue. In fact, I think it is only by the comparative case method, involving comparisons among a series of well-analyzed cases that have various combinations of different environmental causative factors, that one can come to a proper assessment of the differing effects of relevant factors.

CLINICAL MATERIAL

I will first present a case taken from the literature, and then one of my own patients. This material will serve as a basis for a fuller discussion of the validity of the distinctions made above.

Peter: A Case of Parental Rejection of a Child with a Physical Disability

Lussier (1960, 1980) presented the very interesting case of Peter, a boy with a congenital deformity in which both arms ended at the elbows with hands (phocomelia). The boy's mother thought about his disability in rather unsophisticated terms, feeling it had been caused by her mother-in-law's arguing with her and catching her by the shoulders when she was three months pregnant with Peter. She repeatedly took him to doctors, hoping that they would cure him, and when told he had no elbows, she nevertheless began to believe that she could see his elbows, or could at least see Peter bending his arms.

Peter's mother was very ashamed of his deformity, covering his arms when they were in public, and wishing she had a house with a garden so that he could play without being seen. Peter would look to her for reassurance when they met others, but

> . . . she would "just feel ashamed" and could not comfort her son. She realized she was failing Peter, causing him suffering and making him more insecure. Even so, she did not believe in spoiling him, although, she said, it was hard at times not to do so. [Lussier 1960, p. 433]

Lussier (1960, 1980) went on to state his belief that it was this failure on the part of Peter's mother to comfort and love him, despite his disability, that was the major, if not the only, cause of his later problems.

Peter's father was absent most of the time, at war, until the child was seven years old, at which point he returned and seemed to get

on well with the boy. From age three, Peter went to the local school and did well. At age seven, he was enrolled in a special school, where his academic performance deteriorated, as he retreated more and more into unrealistic fantasies. At age eight and one-half, Peter had an operation to prepare for placement of artificial arms; he reacted to this by developing persistent bed-wetting. His continuing dismal school performance prompted Peter's referral, which led to an analysis that began when he was thirteen.

Peter's main problem was that he lived in his fantasies, in which his disability was denied—for instance, in the fantasy of punching someone who had offended him. Despite this massive denial in fantasy, there were some remarkable strengths to Peter's character, and I will quote here from Lussier's account, since an understanding of these strengths is, I believe, essential in disentangling the various causative factors in this case:

> [Peter] failed to exhibit either masochistic satisfaction, passivity, or self-pity—three characteristics only too readily associated in our mind with the psychology of many disabled people. Peter did not like to be handled, nor did he want to be regarded as an object of pity. He did not seem to derive or want to derive gain or gratification from his disability. Dominant in his behavior was the active striving toward the achievement of his goals. [1960, p. 435]

Among these goals were such seemingly fantastic ones, given his disability, as riding a bicycle and playing a trumpet at a professional level. By the end of his analysis, he had achieved both these goals, however, among many others.

What are we to make of this remarkable boy? He is not alone: Castelnuovo-Tedesco (1981) gave many examples of almost unbelievable achievements among the physically handicapped throughout history. One could speculate that the creation of an unrealistic and seemingly unattainable wishful self-image in those with physical disabilities may lead either to astonishing achievement, as wishful fantasies are actually realized, or to a crushing shame and depression if the individual falls far short of this achievement. Factors de-

termining which outcome prevails include the availability of opportunities in reality, as well as special talents and other constitutional factors.

Lussier wrote of Peter's amazing energy and orientation toward activity versus passivity, which seems to have been a constitutional characteristic that pushed him to achieve. There were other positive factors, such as the generally good relationship between Peter and his father. However, I think the key to understanding his accomplishments, and probably those of many others with disabilities, lies in making sense of his lack of the following: a masochistic orientation, a wish for special treatment, and self-pity.

While Lussier stated quite strongly his belief that Peter's mother's attitude toward him was the main cause of his problems, I maintain that it also spared him from descending into masochism, self-pity, and a wish for special treatment. Milrod (1972) showed that a tendency toward self-pity tends to develop in children who have been overcoddled, especially during illnesses. I have shown elsewhere (Fernando 1998) that a fixation on narcissistic overgratification in childhood impairs the ego's tolerance of facing the limits set by morality (i.e., the superego) and reality. This intolerance of limits leads the ego to resist integration of the superego into the personality, which in turn hinders further superego maturation. Thus, one sees the classic characteristic of the so-called exceptions: a harsh superego whose demands are evaded through externalization of these demands or of the guilty parts of the self.[1] It is clear that Peter was not overgratified by his parents—in fact, his mother quite consciously tried not to overindulge him—and he was thus spared a fixation on a need for special treatment.

Even if readers are willing to grant these points, they may still wonder why Peter's rejection by his mother did not lead, as it so often does, to a masochistic orientation. I think the answer lies in the fact that masochism is not a reaction to rejection as such, but is rather an outgrowth of intrusive externalization by parents onto a child of "bad" parts of themselves, as has been shown so well by Novick

[1] Others (Coen 1988; Hanly 1984) have also described this dynamic.

and Novick (1987). This leads to a receptive attitude to the externalizations of others and a sexualization of the ego's relation to the superego via the formation of beating fantasies. While Peter's mother was ashamed of his disability, denied it, and could not support him, I do not think there is any evidence that she or Peter's father had any significant fixed externalizations in relation to him. The fact that she was well aware that she was failing Peter argues against the existence of such externalizations, since when these are present, the reality of what the child is like is severely distorted by the parent, who "knows" that the child is bad and deserves the treatment he or she gets.

At this point, some may feel that I am stretching the limits of what one can reasonably interpret in relation to someone else's case, and I would agree with them. I do not insist on the accuracy of my interpretation of this case in relation to masochism, but merely note that it seems plausible, both theoretically and clinically.

As comparisons to Peter's case, in relation especially to the issue of masochism, I refer the reader to two other detailed cases in the literature. Jacobson (1959b) described a patient with a severe masochistic reaction who suffered throughout childhood from severe, recurrent cystitis and pyelitis, and who was incessantly blamed for her problems by both her parents. In contrast, Parker (1971) gave a very detailed description of a patient, analyzed as an adult, who had congenital spina bifida with a meningocele, which led to difficulties with bowel and bladder control. Parker described the effects of these problems on the patient's body and self-image, as well as the severe disintegration anxieties that lay at the root of her neurosis. This patient did not, however, in contrast to Jacobson's patient, develop a deep-seated masochistic reaction, and Parker attributed this to constitutional factors and to the mother's sensitive handling of the child; there were clearly no fixed externalizations by the parents. As well, Parker noted that "it would seem that whatever their personal differences, both parents were united in a determination to keep their daughter from feeling that as an 'exception' she was immune to the demands of ordinary living" (1971, p. 319). As one might expect from this type of parenting, this patient did not have

any of the characteristics of the exceptions, and worked diligently and seriously in her analysis.

A lack of narcissistic or libidinal overgratifications, I maintain, was the decisive factor in protecting both Parker's patient and Peter from a fixation to feelings of specialness, and thus from developing the character type of the exception. Peter's case is especially instructive in this regard because he did not, it seems, get the kind of exceptionally sensitive parenting that Parker's patient got, and yet he avoided the pitfalls of the exception, demonstrating that it is not specifically parental empathy that protects against this disorder, but rather a lack of overgratifications.

Peter did, however, develop a serious disturbance that required analysis. Lussier felt that this was largely a result of his mother's attitude of rejection, and while I believe there can be little doubt of this, the nature and timing of the problem suggest other causes as well. Peter is said to have progressed well until the age of seven, when he began retreating more and more into fantasy. It is at this age that children become capable of and interested in making realistic comparisons of themselves with others, and it is at this age also that many children with physical deformities develop very intense denials of the deformity in fantasy and action, leading to acting out and a retreat from positive involvement in the world (Frankel 1996). Between the ages of seven and eight and one-half, Peter experienced a surgical intervention, the return of his father, and a change in schools, all of which may have exacerbated his reactions. At the same time, his mother's attitude of quite strong denial in action (hiding his arms) and fantasy (thinking that she could see an elbow when it was clearly not there) must have influenced Peter's own use of these defenses.

Thus, as so often happens in cases like this, the confluence of numerous factors makes it difficult to tease out the various strands of causation. Comparison of a number of cases can be helpful in this endeavor. In some cases presented in the literature, the child's own reaction to his or her physical defect has been shown to lead to problems related to the overuse of denial by age seven, even without the parental rejection that Peter experienced (Frankel 1996;

Parker 1971). As noted, I think that this denial interferes especially with the maturation of the child's body image, self-image, and wishful self-image, while not impeding to the same extent the development of the superego.

I realize that my assertions about these issues in relation to Peter's case cannot be completely convincing based on the material presented by Lussier (1960, 1980). Therefore, before engaging in a fuller clinical and theoretical discussion of the structural effects of physical defects, I will present material from a case of my own.

Mark: A Case of Physical Deficit with Selective Overgratifications

A single health care worker in his late twenties, Mark came to me for help with quite severe social anxieties and problems with sexual potency. He seemed much more driven to work on his social anxiety, which severely impaired his performance at his job, than on his sexual problems, although the two were directly linked at a conscious level. His main fear was that people would be able to see from his reactions that he was impotent, and would conclude from this that he was homosexual. The idea that people would think this of him led to tremendous shame. Mark had no history of conscious homosexual fantasies or behavior.

Mark was in twice-weekly psychotherapy for about two years before converting to five-sessions-a-week psychoanalysis. Through the work in his psychotherapy and the early part of his analysis, we managed to markedly diminish his social anxiety, at which point his natural talents and generally likeable personality led him to make significant accomplishments in his field and rapid advancement at his job. We analyzed his difficulty in standing around with people and in giving presentations as based on a strong body–phallus equation, in which to stand was to have an erection, and thus to be in danger of having it snapped off. Work on the oedipal implications of this symbolic equation and fear led in many directions, revealing a rich conscious and unconscious fantasy life relating to his own and his father's and mother's bodies, to what he would find

inside a vagina, and to intense interest in certain landscapes and architecture as body equivalents.

This work led to a decrease in Mark's social anxieties, but his sexual and relationship difficulties were much more resistant to change. For the purposes of this paper, I will draw out from the complex, intertwining dynamics of this case the strands relating to one particular issue: Mark's short stature during childhood. It was only with the analysis of certain fixations related to his short stature that any significant change occurred in Mark's problems with sexual potency.

Mark was the second of four boys born to middle-class parents. He initially described his mother as "stiff," "extremely efficient," and "very beautiful—the prettiest woman I know." He said that others described her as cold. He characterized his father as quiet and as generally following his mother's lead, but was loath to voice any criticism of him. Very different aspects of both parents emerged as the analysis progressed.

Mark's short stature had begun to worry his mother by the time he was four or five. (His father was quite distant and uninvolved with the children.) She took him to doctors a number of times for tests, and tried to get him to drink milkshakes on top of his regular meals. Mark talked of how he hated his mother's ever-watchful presence and pushy nature, and of the passive resistance he staged at the dinner table. After a few years of analysis, alerted by his insistence on how much he hated his mother's or anyone else's pushing him, and yet mindful of his very compliant responses to most of my interventions, I interpreted that his reaction to being pushed was more complex than he presented. He then remembered that he had actually had a very close relationship with his mother in his preschool years; and even now, she appeared to be quite nurturing with small children and infants, he admitted.

He worried about disagreeing with me or letting out his anger, Mark said, because of the help he got from analysis. He knew that once he became negative about the analysis or the help I was giving him, he would eventually leave, as he had done in other relationships. Over time, we began to recognize Mark's fear that his anger

at his mother, which had led him to progressively distance himself from her, would come flooding into the analysis. It was through the transference that we began to understand the change in his attitude toward his mother. He admitted to his worry that, if he let himself, he would get very angry with me for not curing his sexual problem after all the years of analysis. These developments eventually led to memories of his early school years, when he began to be aware of just how much shorter he was than other children, and how he had believed that his mother—who, after all, had "made" him—was responsible for this state of affairs.

At the age of seven, Mark had become very aggressive with teachers at school, surly with his parents, and especially furious with his mother. "She seemed so concerned, taking me to doctors and getting me to exercise and eat, but it all seemed so hypocritical to me. After all, she had created the problem by making me short, and now pretended to want to solve it." As Mark had become increasingly distressed by his perception of his defect ("I felt like some kind of freak"), he had turned to denial in fantasy and denial in action, leading to a splitting of his ego, which impaired resolution of his oedipal conflicts through repression and sublimation. Throughout most of his latency, Mark had been quite conscious of his sexual attraction to his mother, which survived alongside his angry rejection of her and an extremely prudish attitude toward anything sexual. As I will detail later, only the analysis of this defense of splitting, during the later stages of Mark's analysis, permitted a resolution of his sexual difficulties and of the continuing effects of his early short stature.

The intertwining of Mark's oedipal conflicts with the trauma of the discovery of his "freakishness" was a powerful determinant of his sexual difficulties, though not the only one. When attempting sex, he would usually get a good erection, but then something the woman said or did would be interpreted negatively by him as a mocking or demeaning comment. He would feel a flush of anger and would lose his erection. In this sequence, he replayed his early positive relationship with his mother, which continued into the phallic narcissistic stage, followed by his shocked discovery of his small size (loss

of his erection) and anger at his mother and blaming of her for this (the woman who had made him lose his erection). In adulthood, he felt it was his lack of potency that made him freakish, and thus it come to stand for his small stature during childhood, since an adolescent growth spurt had led to his average height as an adult.

Mark's father was a painfully shy man who had very little interaction with his sons—or with anyone else, for that matter. As noted, while Mark was ready to blame or criticize his mother, he was extremely reluctant to voice any criticism of his father. Behind this reluctance lay extremely painful feelings of deprivation and hurt, feelings that greatly influenced his sense of his own lovableness and manliness. He felt he could not enter adulthood, since he had never experienced any interest on his father's part in his growing up (as Blos [1985] would put it, he did not have his father's blessing on that score [pp. 133-173]), and because to grow up was to finally renounce his powerful wish to receive his father's love.

Mark's more ready complaints about his mother were related not only to his blaming her for his short stature, but also served to cover over his attachment to various gratifications that he had received from her. He stated on many occasions that his mother would be extremely solicitous whenever he or any of his brothers was sick. He would usually add some negative comment to this, such as that "it was all part of her efficient way of being the perfect mom," or that "she would keep asking me so often if I were all right that it drove me crazy." Despite these complaints, he admitted eventually that he enjoyed his mother's ministrations, and in fact, since childhood, he had enjoyed going to see doctors for whatever reason. This pleasure was related to his continuing attachment to his mother's care of him, as well as more specifically to the special attention he received from her because of his short stature, resulting in multiple medical visits.

From the middle phase of the analysis onward, more and more material emerged related to Mark's fixation to being special. As an example of this, I noticed that he often complained about his lack of sexual potency by saying that "every 15- or 16-year-old around, even the unpopular and ugly ones, can do it." He talked of having

seen a television talk show that featured men who had made women pregnant while not being married to them. "I felt like screaming at the TV, 'What's so special about you? Any 12-year-old or 14-year-old can do what you did!' I guess I didn't like them getting attention."

I wondered aloud at one point whether Mark felt that he was special because of his difficulty—that he was the only one with a sexual problem, even though it was relatively common. He got quite defensive, saying, "But it *is* uncommon. No one has exactly my problem."

"What do you mean?"

"Well, never having had sex. I'm sure no one has *that* problem."

"But you actually have had sex a number of times."

"But they don't really count. In one, I was out of the country. Then there were the times I didn't come inside."

"You seem to want to minimize your sexual experience, as if perhaps that will make you more special."

As we discussed these issues further, Mark realized how much pride he took in what he saw as his unique sexual problem, and in connection with this, realized also that he took some pride in referring to himself as the shortest person in the family—even though, as he thought about it now, he realized that this was not true.

The many and varied ways in which Mark expressed his wish for specialness are fascinating, especially because most were not at all obvious. He certainly would not have struck most people as an overly narcissistic individual who demanded exceptional treatment. His need for special status and attempts to evade the limits of reality and morality were expressed in circumscribed areas of his life, in keeping with the fact that the overgratifications from his mother to which he was fixated were themselves circumscribed, largely limited to illnesses and to his short stature. In other respects, she was evenhanded with regard to her treatment of the different children, and was not in the least coddling or overindulgent.

For the first five years of the analysis, while Mark made impressive changes in terms of his social anxiety and in many other areas, his sexual difficulties remained. This was clearly the area in which

his attachment to special treatment based on having a disability had come to rest. While he could appreciate this at an intellectual level, it was only with the analysis of a specific aspect of it that true insight and change began to occur.

This aspect related to Mark's avoidance of guilt. As he was talking about his attempts to solve his sexual impotence with women other than his girlfriend, I pointed out that it was surprising that he seemed to feel so little guilt over these episodes. "But in the end, I'm doing it to solve my problem, which would benefit Trish [his girlfriend]," he said.

"Do you think that is really true?" I asked. We had already noted that his real wish was merely to be with these women, to see them naked, and in other ways to play the role of the special little boy to them.

"I know it's not really true, but if I didn't say that, I would feel guilty. I try not to think of Trish when I'm with them. I guess it *is* strange that I don't feel guilty. If I did, I couldn't keep doing it, and I really don't want to give it up."

"I wonder if it's not that you actually feel no guilt, but that you can keep the guilt at bay as long as you feel you are working on your problem with these women, just as you worked on your short stature with your mother."

At this point, the conversation seemed to be getting Mark's back up. He asked in an irritated voice, "But wouldn't it be a cop-out now to use morality as an excuse not to try it with another woman, when I'm so close to success? Besides, lots of other guys fool around and don't feel guilty about it, and they don't have my problem, so that can't really be an explanation."

Mark had been "on the verge of solving it" with other women for years. As I pointed this out to him, memories began to emerge, in this and subsequent sessions, of how special he had felt when his mother took him to doctors or in other ways tried to work on his problem. His unwillingness to face the limits of his otherwise well-functioning conscience in the sphere of his special relationships with coddling women was based on his unwillingness to give up the pleasures of his special treatment by his mother. The fact that the

childhood overgratification, and thus the intolerance of superego pressure, was circumscribed in Mark's case made it much more analyzable than in cases of more global overgratifications or lack of limits, with consequent more severe character pathology.

In the later phases of the analysis, the traumatic core of Mark's reaction to his short stature during childhood crystallized in a transference neurosis. He talked about wanting to make an attempt at sex with his girlfriend, but as time went on, I found myself increasingly frustrated with his procrastination. He himself would come in feeling quite sheepish that he had made no attempt, or skip a session altogether so that he would not have to again report having backed down on his resolution to attempt sex. He said a number of times that I must be getting aggravated and disappointed with his behavior. While I never expressly stated disappointment in him, it became clear that he and I were acting out his early relationship to his mother, who had tried so hard to make him grow.

We traced Mark's feeling that I was disappointed about his not having sex to his feeling in childhood that his mother was disappointed because he was not growing. I was to push him to overcome his problem, just as his mother had plied him with food and pushed him to exercise. However, she had never—and Mark realized this with surprise when he thought about it—actually evinced disappointment in him, and in fact had been quite supportive, ably jumping to his defense when others had commented on his lack of growth. It became clear that the profound disappointment, shame, and pain were all Mark's own.

However, through the fact that Mark's mother had approached his short stature in the same energetic, take-charge, optimistic way in which she approached everything else, she had provided a degree of gratification to him: she would take the responsibility. By externalizing his own wish to grow onto his mother, Mark avoided becoming aware of the overwhelmingly painful feelings that the disappointment of this wish had brought to him, and in fact, he then externalized the disappointment itself onto his mother as *her* feeling. In fact, except for short bouts that quickly passed, he had rarely experienced feelings of sadness after adolescence, and now we

could see why. As he began to realize that he himself wished to grow, he reexperienced the sadness and pain of his latency, when he had felt "like there was no hope for me; I would always be a freak."

The concrete manifestation of Mark's fixation to his mother's ministrations came to light in an interesting way. Since near the start of the analysis, he had frequently glanced at his watch as the time for the end of a session drew near, and would then say, "I guess it's time to go now . . . ?" in a questioning manner. On occasions when he was not wearing a watch, he was quite anxious about the ending time, asking me how much time we had left. When I asked what he thought of this behavior, Mark said he did it because he was afraid of offending me by overstaying his time. He was worried that I would get angry at him for this, and that he would then get angry right back, in his characteristic way, and break off relations with me, thus not getting the help he needed. We connected this fear with his fights with his mother and his girlfriend, but it was only late in the treatment, when it became obvious that the entire analysis had been viewed by him as a new version of his mother's trying to make him grow, that the concrete meaning of his actions dawned on me.

On one occasion, Mark talked of his mother's watching him at the table to see how much he ate, and of how he hated that, immediately after he had spoken of the pressure he felt to have sex. I asked him if the analysis was like his family's table, where I, as his mother, would feed him and in other ways try to make him grow. He talked of the passive battles he would have with his mother, of not eating while she was already washing the dishes. He would keep asking, "Can I get down now?"—a phrase he had begun to use when he was smaller and actually had to climb down from his chair. He said it was funny that he had continued to use it even much later, when this was not the case.

"I have an idea," I said. "I wonder if your looking at your watch and asking if it's time to finish the session is an acting out of your asking your mom if you could get down." Mark was struck by my comment. It seemed to open the door to all sorts of memories and feelings around food and growing. In relation to sex, he thought of

his interest in oral sex, which was the only type of sex he had an interest in fantasizing about. He admitted that he was really playing a waiting game, in a sense seeing which of us could outlast the other on the battleground of whether he was going to attempt sex or not, just as he and his mother had fought over his eating. He had quite enjoyed these fights, he said with obvious pleasure in his voice, as well as their other battles over such issues as whether or not he took off his dirty boots when entering the house.

We had earlier reconstructed that he had had quite a battle with his mother over toilet training. Now, through the intermediate link of the battle over food and getting down from the table (= getting down from the toilet), and its relation to his behavior in the analysis, this reconstruction came to life and was fleshed out. It seemed that along with the anger that his mother's active, controlling attitude had engendered in him, he had also become very attached to her treatment of him, with its implied message that, after all, she would fix the problem for him.

Mark remembered that he had been obsessively interested in his height and weight during early childhood, but at the point when he began to have a growth spurt, he was surprisingly uninterested in these numbers. Even now, he was unable to remember his exact height. He resisted measuring himself, and if he did, would quickly forget the exact number. He was unwilling to come to terms with his now relatively normal height, and clung to the early relationship with his mother from the time when they had worked on his short stature. To admit that he was within a normal range of height would be to lose this relationship. He perpetuated it in his special relationships with women with whom he hoped to work out his sexual problem, as well as in his incessant reading of self-help books and constant work on various areas in his life in which he hoped to grow. "I know I can't just keep coming here forever," Mark said, when discussing his analysis. "That's not what this is all about. But that's in a way what I want. I want to always be working on the problem, but never quite reach the end."

Mark's attachment to his mother's pushing him to grow was also a form of identification with the aggressor. He defended himself

against the sadness, disappointment, and anger occasioned by his not growing by externalizing these feelings onto his mother and others, while he himself played the part of a malevolent fate, by stubbornly resisting the efforts of his mother and others (myself included) to make him grow. Thus, he turned the tables, leaving his mother and me feeling frustrated and helpless, while he felt powerful and in control.

This piece of transference analysis was important in getting at the core of why Mark had such difficulty in relinquishing the short, "freakish" self-image, despite the shame it caused him. Being short was linked in Mark's mind to various gratifications and attentions from his mother, from all phases of his childhood, while wanting to grow was linked only to pain and disappointment. Clinging to the short/freakish/perverted/delinquent self-image allowed him to cling also to his oedipal and preoedipal wishes toward his mother, rather than repressing them. Thus, he was quite conscious of his sexual attraction to his mother in latency and adolescence, and even in adulthood, these feelings were merely suppressed rather than repressed. At the same time, he led a double life, in which he lived out a good-looking/good-natured/prudish/conscientious self-image at work, with his girlfriend and with most friends; whereas with certain other women, and in his private masturbation and use of pornography, he clung to the freakish self-image, which allowed him to continue to experience his sexual attachment to his mother, in a form that was only thinly disguised.

I have left out many aspects of this case in order to concentrate on the issue of Mark's short stature and its relation to a wish for special treatment. Among the things I have not described in depth are issues related to his relationships to his father and brothers. Also omitted—and directly related to his short stature—was the enormous increase in Mark's castration and body disintegration anxieties. His deepest fear, which at one point was a terrifying certainty, was that as others grew bigger and bigger, he would actually shrink into nothing. Mark's self-image of being short and freakish also included the connection between a castrated boy and a female; and an additional important reason for his clinging to this negative self-image

was that it represented his being loved, both sexually and nonsexually, as a female and as a young boy by his father, who had been in reality so distant and uninterested. The meaning of his worst adult fear—that people would find out that he had a sexual problem and conclude that he was homosexual—was related to these issues through a number of connecting links. His sexual problems tied in to his clinging to the image of being short and the special treatment this brought, which represented a clinging to his sexual wishes and wishes for recognition from his mother and father. The price he paid for clinging to this self-image was that it meant he was symbolically a boy or a woman, causing strong feelings of shame.

DISCUSSION

In discussing the clinical material presented, I will first attempt to show how certain theoretical distinctions between moral and nonmoral ideals can be of help in understanding the differing reactions of children to physical disabilities. I will then briefly discuss a few other issues raised by the material: the effects of focal overgratifications, such as those seen in Mark's case; the factors that favor or hinder actual achievement in these types of situations; and why, in general, physical or other disabilities so often lead to the so-called character type of the exception.

Narcissistic Versus Moral Ideals

Many authors (Blos 1974; Hanly 1984; Jacobson 1964; Laufer 1964; Milrod 1982, 1990; Sandler, Holder, and Meers 1963; Schafer 1967) have attempted to come to grips theoretically with the intertwining development of ideals, the superego, the ego ideal, and narcissistic wishes and fantasies. Although the terminology varies, there is general agreement among these authors on the need to distinguish moral ideals, as well as the guiding and punitive functions associated with their enforcement (the superego system, which in-

cludes the ego ideal narrowly defined), from other ideals, usually related to narcissistic aggrandizement.

Jacobson (1964) presented the most detailed discussion of the developmental aspects of this subject. She noted that from quite early on, the ego develops strivings toward its own enhancement and power that are relatively independent of drives, although they become suffused with aggression. Beginning with the collapse of the early infantile sense of omnipotence in the rapprochement subphase, wishful fantasies of power and grandeur form (Mahler, Pine, and Bergman 1975; Milrod 1982). At first, these are largely projected onto the parents, who are seen as omnipotent, but gradually they form a more or less stable substructure within the ego: the wishful self-image. This substructure is called the ego ideal by many authors, but I think there is an advantage to Jacobson's terminology, since one needs a name for the moral ideals that reside as a substructure within the superego.

By calling these moral ideals the ego ideal, one gets a truer picture of the superego as a complex structure with many functions (inhibiting, encouraging, punishing, rewarding, loving, and judging)—all of which are dependent on comparison of the individual to a moral ideal. One then has two different terms for what are in fact two very different, but easily confused, entities: The term *wishful self-image* can be used to refer to narcissistic, nonmoral ideals that reside within the ego, and the term *ego ideal* can refer to moral ideals within the superego structure.

During the oedipal structuralization of the superego, certain aspects of phallic narcissistic investment, as well as aspects of the idealized parents, are reconfigured into the ego ideal, a substructure within the superego. "The prominent, strange and precious quality of the ego ideal is its unreality and its distance from the real self. Although we are ordinarily perfectly aware of this, the ego ideal exerts a tremendous influence on our realistic behavior" (Jacobson 1964, p. 111). The wishful self-image, unless derailed in its development, comes to stand in a closer, more realistic relation to the ego than the ego ideal. It represents realistically achievable wishes and characteristics, for the most part. The superego and ego

ideal relate especially to the treatment of others and to the curbing of narcissistic and power wishes. A tension between the ego and superego, based on too big a gap between the ego and the ego ideal, is felt as guilt. The wishful self-image relates especially to ambitions toward narcissistic self-enhancement. Too great a distance between the wishful self-image and the ego is felt as shame (Milrod 1982, 1990).

The Perception of Defects

Turning now to the two patients described earlier, it can be noted that both Mark and Lussier's patient, Peter, developed intense denial, both in fantasy and in action, of their defects. This denial seemed to derail their development in early latency, and I would maintain that this is because the denial became more massive at that time, beginning to invade many areas of functioning. As previously noted, it is at this age that a child becomes capable of much more realistic comparisons between him- or herself and others (Frankel 1996). I think that for both these patients as boys, the realization that they were so different from the norm, in aspects that carry such a strong narcissistic and phallic narcissistic investment (height and possession of normal arms), led to massive denials as attempts to protect against overwhelming shame and depressive feelings. A fixation to the traumatic discovery of their differences from other boys, and the denial of this discovery, interfered with the normal, progressive maturation toward reality of their wishful self-images. Both Mark and Peter were unwilling to relinquish the unrealistic fantasies of what they would become, or to come to some kind of accommodation to their bodies as they were. They were thus subject to intense feelings of shame at having fallen short of their wishful self-images.

Frankel (1996) contended that it is the child's own perception of his or her defect in early latency, quite apart from the reactions of others, that is largely responsible for the massive denial seen in such cases. My patient Mark provides good evidence for this con-

tention, since there was no shaming or negative reaction to his short stature at home, and very little notice taken of it outside of his family, and yet he developed intense denial and shame reactions. This is not to say that Peter's shame was not made worse by his mother's reaction of shame and rejection, but just that such reactions on the part of parents are not necessary for these reactions to develop in the child.

Parental Reactions

It is interesting to trace as well the ways in which the different maternal reactions in the cases of Peter and Mark made their way into the content of the patients' wishful self-images. Peter's fantasies involved performing various acts in which his lack of normal arms was denied, such as playing the trumpet, and being greatly admired by others for these accomplishments. Peter's wish to be admired in this way was based on, Lussier (1960) wrote, his need to be admired by his mother, reversing the actual situation of his childhood.

Mark's mother, on the other hand, did not react with shame or rejection to his short stature, and his father's neglect of him was not, it was clear to him, based on this either, since he neglected everyone equally, no matter what their height. In keeping with these realities, Mark's wishes and fantasies involved being bigger in myriad ways: having a bigger IQ, being taller and heavier, and having a bigger income, but the idea of being admired for this bigness was not as prominent as it was for Peter.

The child's denial of a defect can thus be seen as not so straightforward as it may appear at first. Just as Peter's fantasies were influenced by his mother's reactions, so the tendency of both boys to use denial in such a massive way was influenced by the reactions of their mothers. In Peter's case, his mother's tendency to look away from the defect was obvious. Mark's mother acknowledged the difficulty, but only in the sense that she worked so hard to reverse it. She never talked to her son about how bad he might be feeling about the situation, and thus fostered his own tendency to

look to external change, in the form of growth of one sort or another, as the only solution to his problem.

Nevertheless, we should not be led by our tendency to look for causation in parental reactions to underestimate the traumatic effect on the child of the discovery of his or her difference from others. Not only is the tendency to use denial and splitting of the ego fostered by this discovery in early latency, but body image and bodily anxieties are also decisively influenced. Both Mark and Peter had markedly increased castration anxiety, which in Mark took the form of a terror that he would shrink into nothing. This terror was related not only to castration, but also to issues of the safety of his body as a whole.[2] As Mark quite wisely put it, "I'm sure that what my mom did had an effect, but in a situation like that, you can't come out not scarred—it's just a question of what kind of scars you will have."

Development of the Character Type of the Exception

So far, I have been discussing attempts to deal with the narcissistic injury of possessing a physical defect—and of other people's reactions to this—through various defenses, especially denial. Structurally, these attempts are seen in the particular defensive tendencies of the ego, which lean too much toward denial, splitting of the ego, and attempts to solve internal problems through external changes. Also affected is the wishful self-image, where the exaggerated use of denial in fantasy leads to an unrealistically inflated sense of what the person should be like in order to feel unashamed. Both Mark and Peter had these effects; and I think almost everyone, if not everyone, with a serious or even minor physical deficit will show similar effects (even if not so marked) on the defensive aspects of the ego and on the wishful self-image. The main thesis of this paper is that, in contrast, not everyone with a physical

[2] Parker (1971) gave a very detailed description of the effects of physical difficulties on the bodily anxieties of her patient, an aspect of the consequences of physical defects that I have largely neglected in this presentation in order to concentrate on narcissistic issues.

defect will show the particular clinging to the need for special treatment, with its attendant effects on superego maturation, that leads to the character type of the exception.

In this realm of moral, as opposed to narcissistic, ideals, we have seen that Mark and Peter differed substantially. Lussier (1960) told us that Peter had no tendencies toward self-pity, nor any wish to be treated as an exception. I have tried to show the ways in which I think these aspects of Peter's character were related to the lack of coddling or special attention given to him. I have also tried to show in detail that, in contrast, Mark was exposed to circumscribed overgratifications that related directly to his physical defect, and to which he clung tenaciously in later life.

The point I want to stress here with regard to Mark is that it was exactly in relation to the adult behaviors representative of this overgratification—going to see prostitutes and other women as a way of making himself grow by solving his sexual problem—that Mark's otherwise relatively well-functioning sense of morality was lost. He avoided any sense of guilt by lying to himself in various ways: saying that he was doing these things for the good of his girlfriend, and that he had such serious problems that he deserved to make these attempts to solve them. In such cases, it is the specificity of the concrete connection between the particular area of overgratification and the area in which an individual avoids superego strictures and acts like an exception that I find especially convinces me of the importance of overgratifications in the causation of this character type. I have been able to confirm the specific connection in many cases, and have presented one of these (Fernando 1998), in which a father overidealized his child's—the patient's—future work prospects, leading to the patient's acting as an exception, especially in his work life.

I think the idea of circumscribed overgratifications is useful in making sense of cases such as Mark's. The idea is not a new one. Greenacre (1959) gave the name *focal symbiosis* to the particular relationship between a parent (or older sibling or stronger twin) and child in which the parent retains a function that should have become an autonomous one of the child's. She noted that "there is of-

ten a peculiar union of the child's special needs with the parent's special sensitivity" (p. 147). In Mark's case, the function around which the symbiosis centered was food intake and bodily care related to ensuring proper growth. Mark's sexual functioning (an erection = growth of his penis/being a sexual grown-up) and various other areas of growth—for instance, the extension of his knowledge—eventually became entangled in this dynamic. Mark's fixation to his mother's care in these areas interfered with his taking responsibility for them himself and moving forward in these areas, since he wanted to remain perpetually small and in need of his mother's attentions—attentions given to him as an adult by various women who substituted for her.

It seems likely that focal symbiosis and focal overgratifications provided around deficits lead to the type of exception (such as Mark) who has partially hidden and circumscribed areas where the need for special treatment is active. This is probably the most common form of this character type, and in fact, if one looks closely, a mild form of this focal need for specialness is present in most of us, whether we suffer from a disability or not. If we are honest with ourselves, we see that in these specific areas of a need for specialness, we also tend to let ourselves off the hook and manage to evade moral self-judgments to some degree. The more global disorder, in which the insistence on superiority and specialness is present in all areas—such as in many of the cases described by Kernberg (1984)—involves more severe ego and superego pathology.

Physical Defects and Outstanding Accomplishments

So far, my discussion has focused almost exclusively on the pathological consequences of a physical defect. There is no reason to think, however, that possession of a physical defect always, or even usually, leads to a severe psychological disturbance. Furthermore, it would seem that physical or other disabilities or disadvantages can be a spur to quite outstanding achievement in some individuals (Castelnuovo-Tedesco 1981). It is beyond the scope of this

paper to discuss in depth all of the reasons for the different levels of achievement among disadvantaged individuals, but I would like to approach the issue briefly from the perspective of the distinction between moral and nonmoral ideals, which has been the focus of this study.

I have noted that a physical defect can lead to the formation of an unrealistic wishful self-image in the affected individual. Outstanding achievement makes it clear that this image can be considered unrealistic only in relation to what one would normally expect. If someone approximates his or her wishful self-image by becoming a world-famous artist, by changing the course of scientific history, or by becoming a world conqueror, one would have had to say prior to accomplishment of the achievement that his or her wishful self-image was quite unrealistic. Many factors, such as talent, the ability to sublimate, opportunity, and accident, obviously play a part in determining such an outcome. The point I would like to make is that an inflated and "unrealistic" wishful self-image is not in and of itself a barrier to achievement; and in fact, if certain other factors are present, it can be a spur toward truly outstanding accomplishments. For instance, in Peter's case, once analysis had helped him to overcome his intense castration anxiety and certain other difficulties, he did not relinquish the unrealistic wishes that had been a reaction to his lack of normal arms, but rather set about achieving these seemingly impossible wishes, which were at base a denial in fantasy, and then in action, of his defect.

If we now look at moral ideals, in the form of the superego–ego ideal system, one might wonder whether here, too, an overly high ideal might serve as a spur to achievement. I do not think experience bears out this expectation. An exceptionally harsh conscience, one based on extremely exacting moral ideals, is usually a great hindrance to actual achievement. As usual, however, reality is not easily encompassed by any general statement such as this. For instance, it would seem that a relatively severe superego, if coupled with a fair degree of narcissistic investment that serves to protect the ego against being crushed by the superego, can lead to certain types of achievement (Freud 1931). However, a situation

such as Mark's, in which fixations to overgratifications interfere with superego maturation, will generally hinder the sustained application needed for solid achievement, because of the regressive pull of the fixations.

There are many other factors that come into play, of course. However, in relation to the issue at hand, my impression is that it is often a specific combination of special treatment and admiration in childhood, when balanced by more realistic limits—or even more often by real deprivation (which seems to guard against a regression to childhood demands for special treatment, while spurring compensatory achievements, as occurred in Peter's case)—that can be a fertile ground for producing outstanding accomplishments.[3]

CONCLUSION

Here it is worthwhile to revisit the general issue of the connection between the so-called character type of the exception and physical defects. Cases such as Mark's, where there is special treatment focused especially around the defect, are quite common, but are not the only means by which physical problems seem to lead to this character type. It is certainly not uncommon to see people react to a physical disability or other misfortune that strikes them in later life by developing the attitude of an exception. Here there can be no question of early special treatment for the defect.

In looking over my own cases, I find three patients, analyzed to a reasonable depth, who developed variants of the character type of the exception on the basis of their physical development in adolescence. Two were men, both of whom became aware that their penises were smaller than those of most of their contemporaries in adolescence, and the other was a woman who was extremely disappointed

[3] Such a combination may not necessarily produce contentment, however. Yorke reported (in Bergmann 2000) on seeing Peter fifteen years after his analysis, and found that while Peter continued to make quite extraordinary accomplishments, he was still left with the feeling of not being whole or good enough, a feeling that none of these accomplishments seemed to have diminished.

by her lack of breast development. (In order to avoid any misunderstanding, I should make it clear that I had good reason to believe that these patients had some realistic basis for these judgments, so that they were not merely instances of the ubiquitous bodily anxieties of adolescence.) In each case, there was an already existing fixation to a circumscribed area of special treatment in childhood, and in adolescence, there was a regression to this fixation point in response to the terrible disappointment in their physical development.

For instance, one of the men had had a quite young and unsophisticated mother who had doted on and admired him, and whom he could, he realized early on, fool with quite transparent exaggerations and lies. From adolescence on, he looked for and found similar women to admire and dote on him, becoming quite obnoxious and overbearing in his behavior toward them. The patient had harked back to the childhood grandiosity he had developed in reaction to his mother's treatment of him, as a way of dealing with the disappointment he felt in adolescence over the size of his penis, and this maneuver had marked his character ever since.

By contrast, I have seen a number of patients with physical problems from early childhood or later life who did not develop the character type of the exception, and in each of these cases, the decisive factor seemed to be the lack of a strong fixation to early overgratification, especially narcissistic overgratification, that was present in the other cases. In noting this, I do not want to diminish the effect of the actual disability. There was in each case a strong sense of being mistreated by fate, and it was the combination of this reaction with the early fixation which led some to rebel against their fate, while others, without this early fixation, were able to more easily reconcile themselves to it.

In short, some sort of fixation to narcissistic overgratifications is extremely common, and the tendency to develop a wish for special treatment on the basis of a later physical disability or other hardship is equally common. It is the cases of narcissistic deprivation that highlight the importance of early fixations, and show that in fact a certain level of deprivation, such as in the case of Peter, while it

leads to many other problems, actually protects against the development of the character type of the exception.

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SOME REMARKS ON ADOLESCENCE WITH PARTICULAR REFERENCE TO WINNICOTT AND LACAN

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Utilizing observations on adolescence—notably those of Winnicott, as well as the work of Lacan and a clinical case —the author advances several propositions concerning the unique relationship between adolescents and time. The consequences of this relationship are then framed as a paternal metaphor.

INTRODUCTION

The word *adolescence* rarely appears in Freud's work, and was almost never used in his day in the same way that we use it today. Instead, the term Freud used, especially in *Three Essays on the Theory of Sexuality* (1905), was *puberty,* one that stresses the physical aspects of this period of development.

Etymologically, *adolescence* comes from the Latin *adolescere*, which means "to grow up to maturity." An adolescent is someone who is growing into adulthood; thus, the very meaning of the word inscribes the adolescent in time. Up until the seventeenth century, the word *adult* meant very much what *adolescent* means for us today. But more recently, of course, a shift has occurred, and there is now a discrete time period assigned to adolescence. Since psychoanalysis has no ready definition of what an adult is, it may be more consistent for us

to say that adolescence is not so much a prelude to adulthood as the necessary sequel to infancy after the latency phase.[1]

How should we view this return to infancy, or the return *from* infancy, with its reactivation of oedipal impulses? How can we speak of a return while avoiding any suggestion of a reversibility of time? The answer lies in the realization that this "return" is not the return of the same thing. Entry into the latency period (which corresponds to the decline of the oedipal complex and its apparent desexualization) occurs against a backdrop of childhood impotence—an impotence based on organic factors, but one that promises later fulfillment. There is, of course, the presence of the father's symbolic prohibition, but there is also an organic impotence of the sexual organ with respect to the *jouissance*[2] the child may seek. What corol-

[1] Lacan (1953-1954) proposed alternative factors to the idea of a unification of partial drives in adolescence. He noted that "the child's admirable way of speaking . . . does not commit it to anything" (p. 255), unlike the speech of an adult. Children lack something that would allow them to take responsibility for what they say and accept the consequences in terms of interlocution. Lacan (1967) defined the modern era as a *generalized childhood,* which he linked to the present-day increase in segregation—that is, the status of the child in respect to *jouissance.* (See footnote 2 below.)

[2] *Jouissance* is a term introduced by Lacan (1960) to designate the satisfaction procured in the use of a desired object. The problem is that this type of satisfaction, which must be thought of as complete, supposes an object that is fundamentally forbidden. All other objects that attract desire are so many substitutes for the first one, and can only be partially satisfying; thus, a distinction must be made between satisfaction and *jouissance.* Moreover, *jouissance* seems to contradict the pleasure principle, since it apparently corresponds more to an increase in excitation than a return to the lowest level possible. Although strictly speaking, the term is not found in Freudian theory, Freud often referred to such a concept, and in several Freudian terms we can find something approximating the idea of *jouissance* as it was later developed by Lacan. There is a *jouissance* linked to sexuality, but Freud also linked *jouissance* to pain, correlating it with an increase in psychic excitation. Moreover, when Freud posited the idea of a death drive, he suggested a link between *jouissance* and death, a mythic experience of satisfaction in which Eros is always coupled with Thanatos. Lacan later distinguished between several types of *jouissance.* There is, on the one hand, what Lacan called *phallic jouissance,* accessible to the subject due to castration. However, Lacan also posited a *jouissance* outside language, which he called the *"jouissance* of the Other" (1972-1973). Such *jouissance,* he wrote, "thrives only on infinity" (1972-1973, p. 94), as opposed to sexual *jouissance,* which is finite. (See also Vanier 1998a, p. 46; 1998b, pp. 65, 77, 88.)

lary significance should be given to the reality of the body and the sexual drive at adolescence?

For a number of complex reasons (the simplest of which is not the most obvious), puberty reactivates what has earlier been blurred. The child becomes capable of acting on impulses repressed in childhood and marked by impotence. For the adolescent, the issue arises of a potential passage from impotence to the impossible. In this respect, we should note that in analysis with a child, one encounters the limit of genital impotence, but in adolescence, sexual energy goes on the rampage—or, as Dolto (1986) once remarked, "the libido blows its lid."

ADOLESCENCE AND TIME

Although the adolescent experiences a return to an earlier phase that might appear to be a kind of time warp, because of the reality of the body, he or she is faced with a number of irreversible consequences. The threshold of adolescence, namely puberty, and its termination—the "crisis of adolescence"—both mark the irreversibility of time. And since young boys and girls are then forced to position themselves in terms of gender, adolescence also functions as the culmination of the process of sexual identity, begun in infancy.

Clinical Vignette: Pierre

I once treated a very young psychotic child, Pierre, over a long period. His parents had consulted me because he constantly courted danger and had had a number of accidents. At the time, Françoise Dolto was my supervisor, and she ended her supervision of this patient with these words: "You've cured Pierre of his psychosis, so we don't need to talk about him any more."

At the time, the meaning of her words was enigmatic (although apparently she made similar remarks fairly often). What did she mean by "cured," since the boy had just entered a special institution, and the analysis would in fact continue for a long period after

her comment? True, Pierre's behavior had changed considerably: he no longer sought physical danger, and he was neither delusional nor incoherent in his speech. The institution that had admitted him later discharged him, claiming that he did not belong there since he was not psychotic, but rather "predelinquent." While it was true that he still had a propensity for acting out, what happened later showed that he was not really on the road to delinquency.

When Pierre reached puberty, he experienced major anxiety attacks and returned to see me. He told me that he was terrified—and indeed, I could read the terror in his eyes—by the idea that he was going to grow pubic hair. It was very hard for him even to leave his home, and he had developed a considerable number of ritualistic behaviors. He slept fitfully and spent hours in the bathroom, meticulously examining his body, on the lookout for the first dreaded hair.

WINNICOTT'S VIEW OF ADOLESCENCE

Adolescence is time. It is often said that this period constitutes a difficult moment in life, and that teenagers "just have to get through it." Winnicott (1961) did not disagree in his well-known essay on adolescence; the problem, he believed, is that in adolescence, "each individual is engaged in a living experience and a problem of existing," for which the only remedy is "the passage of time" (p. 79).

Winnicott's text began with the remark that the adolescent boy or girl does not really want to be understood. This is a good thing for analysts to remember when dealing with adolescents, since here, more than elsewhere, sympathetic understanding can be counterproductive. We should not seek to "understand" the parents, the school, or other aspects of the adolescent's immediate environment. Nor should we try to show understanding for the adolescent's self, since the patient is not looking for this.

However familiar one might be with Winnicott's essay, rereading it is rewarding. It is interesting to note, for example, that Winnicott did not privilege the sexual or genital aspect of pubertal changes. From the very beginning, he invited the reader to understand the word *libido* as a complex term.

While acknowledging that the adolescent has the physical capacity to possess the sexual object, since he or she is no longer faced with the impotence of the past, Winnicott noted that the adolescent also has the physical power to destroy. Thus, emphasis is placed not so much on incestuous desire as on the imaginary figure of the depriving father. The adolescent's predicament revolves around the status and function of prohibition, and this becomes the starting point for the relationship to the object. The issue is not so much that of "killing the father" as of accepting the fact that the father is dead, and that it is the adolescent's self, not the imaginary father, with whom the adolescent must come to terms. However, in order to succeed in doing so, certain conditions must be satisfied.

"How shall the adolescent boy or girl deal with the new power to destroy and even to kill, a power which did not complicate feelings of hatred at the toddler age?" (Winnicott 1961, p. 80). In a later text, Winnicott (1971) revisited the issue: "In the total unconscious fantasy belonging to growth at puberty and in adolescence, there is the death of someone" (p. 145). Winnicott advised parents that the best they can do during this turbulent period is to try to survive without relinquishing what is important.

The death drive is thus seen to be especially manifest in adolescence. Sex, in Winnicott's opinion, is possible before adolescents are ready for it, and he argued that their sexual behavior actually serves the purpose of getting rid of sexuality. On the other hand, Winnicott observed that adolescents are deeply involved with their environment. The violent games in which children engage, particularly those privileging death and the survival of the fittest, sometimes surprise or worry parents, and their prevalence is often attributed to cultural influences (television, for example). Participation in such games usually ends with adolescence, however, or, if such is not the case, the fantasies are acted out.

Adolescence is primarily a social phenomenon—that is, a phenomenon of discourse.[3] Indeed, adolescence exists in all modern so-

[3] The discourse is a necessary structure. It is "signifying articulation, the apparatus, whose mere presence, and existing status, dominates and governs everything which can come from speech" (Lacan 1969-1970, p. 11).

cieties. Moreover, our clinical experience shows that the adolescent breakdown can occur very late, and that it sometimes plays itself out in an analytic setting.

While viewing adolescence as a return to infancy, one can also see it as a moment at which the primal illusion is revived. The idealism often observed in adolescents is a way of keeping at bay the disappointment that is the inevitable counterpart of this illusion. Such disillusionment is linked to a modification of the status of both the ideal and the body—an ideal that keeps the group together and makes it a "body."

If adolescence is above all a social phenomenon, Winnicott is right to consider the mutual relationship between adolescents and social changes. In 1961, when he published "Adolescence: Struggling through the Doldrums," Winnicott believed that the development of the atom bomb had altered the whole climate of adolescence.[4] To him, the atom bomb's existence meant that "we know that we can no longer solve a social problem by organizing for a new war" (1961, p. 83). Before the bomb, adolescence had found a "social" solution for its problem. (Winnicott spoke of a social solution because adolescence is a problem that directly affects the social bond and cohesion of the group.) However, with the bomb, things had changed radically:

> Here comes the effect of the atomic bomb. If it no longer makes sense to deal with our difficult adolescents by preparing them to fight for their King and Country, then that is another reason why we are thrown back on the problem that there is this adolescence, a thing in itself. So now we have got to "dig" adolescence. [1961, p. 83]

In many ways, it is society's and the group's failure to deal with adolescence that reveals the face of adolescence to us.

Winnicott went on to say that the difficulty experienced by the male child or adolescent in his imaginary life is linked not so much to potency, but rather to the confrontation with another male and

[4] Similarly, Lacan thought that the death drive was lodged in modern physics.

the admiration of a girl who, *looking on*, admires the victor. Here we should note the importance that Winnicott (1961) ascribed to the gaze. Approaching the issue from another angle, Dolto (1968) saw the adolescent problem as "a particular form of the conflict between heterosexual genital drives and genital drives which have remained homosexual" (p. 241).

Adolescence should be interpreted, of course, entirely along the lines of the oedipal dilemma. It also represents, however, a return to primal elements and to the issue of illusion mentioned above. Dolto (1968) believed that with the "birth pains of puberty," the individual "returns to the level of structuration before the oedipal crisis" (p. 239). One might appropriately apply the expression *the preoedipal triangle* (paraphrasing Lacan [1956-1957]) to this time of life.

Clinical Vignette: Bastien

I would like to provide another clinical vignette in the context of Winnicott's (1961) belief that in psychoanalysis, we need time (see also Lacan 1970). As analysts, we become acutely aware of the time factor whenever we attempt to give an account of one of our analyses and to describe how the treatment ran its course. We soon realize that it is impossible to provide a full description, for the simple reason that we cannot give an account of the "time" of the treatment. In the following vignette, I limit my comments to a few clinical elements in order to highlight what I believe to be two essential phases in adolescent analyses.

The patient, whom I will call Bastien, was fifteen when he came to see me. "He's been in adolescence for two years," was the first thing his mother told me during our interview. "In the beginning, it went fairly well. Then things took a turn for the worse." Two events had occurred at practically the same time: his father had left the family home, separating from his wife, and Bastien's grandfather—to whom the boy was very attached—had died. Bastien thus felt abandoned by his fathers. He had earlier been a "good boy," as he himself put it, an above-average student who liked classical music, but he had radically changed his lifestyle.

Analysis had been tried twice before. Without going into detail, suffice it to say that it is quite probable that those attempts failed due to the inability of Bastien's parents to occupy the position that was being challenged. (It should be noted in passing that the father's activities brought him into frequent contact with adolescents.) The parents described their worry over Bastien's failure to apply himself at school, and noted that he had started to play hooky, writing his own excuse notes and faking the signatures. He had become very aggressive with his mother, and even more so with his father, whom he hardly wanted to see at all.

Bastien told me in our first interview that shortly after his father left home, he had become friends with another student with whom he had a "hate relationship," as he put it. The other boy "won all the time," and hung around with people from outside the school—questionable characters. The boy was a *"batard";* he did not "respect other people. He isn't tolerant." But at least he wasn't "racist," because he was of Algerian descent. Bastien told me that he did not know why, but he had begun to act like the other boy, skipping classes and keeping company with delinquent types not from their school. He had even started "shaking down" younger kids, and had finally run into trouble with the police. He had also changed his dress habits, had started listening to rap, and had covered the walls of the neighborhood with graffiti.

Bastien told me later on in the treatment that he used his body as a sign of his own delinquency, since he had experienced the departure of his father as a delinquent act. I will not insist on the provocative nature of his actions through which he sought to encounter the law as something real. The result was that Bastien kept not only his mother and father, but also the local police, very busy.

As mentioned above, I wish to use this clinical account to highlight two phases of the analysis. In the beginning, it was a treatment marked entirely by actions, as is often the case with adolescents. The acting out bore witness to fluctuating ideal egos which became extremely mobile almost immediately. There was very little reminiscing during the sessions. All this reminds us of what Winnicott (1991) wrote of certain patients who are not *integrated* in time, and

who are incapable of relating *now* with *next* (p. 78). Bastien, for example, had no plans and had stopped going to school. In such a case, the analyst is not a point of reference, nor can he or she embody the father figure. Indeed, I caution any analyst against trying to occupy what may appear to be a faltering position, since the latter constitutes, in many respects, the very nature of adolescence.

Shortly after beginning analysis, Bastien tried unsuccessfully to be admitted back into his high school. He then asked to take correspondence classes. His parents, however, were worried about his being left alone all day. I pointed out to them that Bastien was already alone anyway, since he no longer went to school, and encouraged them to let him choose the direction he wanted to take. As it turned out, Bastien enrolled in and kept up with a very demanding correspondence program.

He was living with his mother at this point. Little by little, he built up in his imagination the idea that he was the leader of a small gang of three or four members, whose main territory was the street. Bastien lived in a relatively quiet part of Paris. His fantasy transposed the whole mythology of the inner cities. (Actually, in France, the "inner cities" are the suburbs.) He organized a defense of the staircase in his building, marked out perimeters of his territory, and invented attendant legends. He recounted with great enthusiasm the history of his *demesne* and the high deeds of heroism that had been performed to protect it. In short, he stood watch over the carefully mapped-out maternal body, the motherland which his father had deserted.

Such behavior can be likened to what Winnicott (1961) wrote about the usual fate of adolescent boys when they are drafted to defend the national territory, the fatherland, a solution that helps channel the impossible death drive linked to that time of life, just as the narcissistic question is linked to signifiers and symbolization.

Bastien's territory was marked with signs and graffiti, as if he wanted to inscribe something on the body of the area he had mapped out. Signs also appeared on Bastien's body at this point in treatment, as he experimented with a wide range of clothing and hair styles. In societies different from our own, rites of passage always involve marking the body with initiatory signs; perhaps in adolescence more than

at any other time of life, we are given notice that we *have* a body, since this is when it undergoes so many transformations and becomes singularly alien. Indeed, we can say that in adolescence, our body often *possesses* us.

Gradually, Bastien abandoned the idea of defending his imaginary territory. Instead, he became attached to a real country that he claimed as his own, but which in fact was his mother's country of origin. Bastien had never been there, but he recalled some phrases of the language his mother and her father spoke with each other. He remembered meeting his maternal grandparents on a few occasions, although at first he said little about these meetings. However, he began to feel great nostalgia for his grandfather, talking about him more and more. Finally, Bastien decided to learn his grandfather's native language. He chose it as an optional course in his correspondence program, and was soon able to read newspapers from the "homeland." He went to visit his maternal uncle, who lived in Paris, and came back elated. He spoke about his mother's country in glowing terms—a marvelous place, he said, devoid of all conflict. His behavior began to improve, along with his grades. It was at around this time that Bastien began to talk about his parents' divorce, and to wonder openly about what it might have meant for him; then, little by little, he lost interest in this topic.

He often talked of the need for rules that would assign each person a place in society—an attitude prevalent among inner-city gang members. His opinions became somewhat reactionary, and he often claimed to be scandalized by certain deviant types of behavior. His call for law and order alternated with radical protests against society. He dreamed of an ideal country. He expressed his passion for his mother's country by becoming an avid supporter of its national soccer team, although in the past, soccer had never interested him.

Bastien was going too fast, and his body got in his way and disturbed him. He bumped into things and felt awkward. In the end, however, his good grades and his interest in a neighborhood girl—a former classmate whom he ran into by chance—coincided with a felicitous turning point in his life.

Acting Out

As mentioned earlier, Bastien's analysis—although he was very much involved in it—was marked by more than a few instances of acting out. Can we really speak of it, therefore, as an analysis? As we have seen, with adolescents, some degree of acting out in the initial phase of treatment seems inevitable, and I think that analysts should be tolerant and recognize that such acting out may reflect major inner changes. There is, of course, a risk involved in such an attitude, but it outweighs the disadvantages of becoming identified with a repressive authority, or of trying to put the patient's problems into some kind of new framework. However, advocating a tolerant attitude on the part of the analyst does not mean that he or she should condone acts of delinquency.

The first part of Bastien's treatment provided him with a forum in which he could talk about what had been acted out. Caught in the currents of an overpowering, imaginary flood, he had found a haven where he could feel that he really existed, a feeling reinforced by the analyst's ability to listen. Winnicott (1961) argued that adolescence is a problem of existing; and we should remember that existing in adolescence calls to mind the themes of separation and exile, upon which individuality is ultimately based.

Acting out reveals an aspect of the treatment of adolescents that is ubiquitous, albeit in various forms: what we might call the paradox of adolescence, namely, that the only real remedy for psychic pain is "the passage of time" (Winnicott 1961, p. 79). This, of course, is the last thing adolescents want to hear, since they are looking for an immediate cure. However, even when adolescents consider themselves to be in an emergency situation, they are not necessarily in a rush. This is why I believe that, despite their complaints about how long an analysis takes, getting adolescents to accept the fact that time will be needed, and that this cannot be otherwise, is an important part of the treatment.

The inherent contradiction between the emergency situation and the need for time to pass is sometimes the cause of what Winnicott called adolescent "doldrums" (1961, p. 79). *Doldrums* is actually

the name given to an oceanic region near the equator, where the weather is characterized by dead calms and baffling light winds, through which ships can make very little headway. For people on board, every minute seems like an eternity. The analogous unhappy listlessness of adolescence, caused by the disharmony and disjointedness of time, is another very important factor to keep in mind when treating adolescents.

Following on Winnicott, Rassial (1990) addressed the importance of time in adolescence. In terms of the real, Rassial saw adolescence as a kind of "precipitation" (pp. 204-205), noting that adolescents are not in control of changes occurring in their bodies. On an imaginary level, however, they may view life as something that is not going fast enough. Finally, on a symbolic level, Rassial argued that the period of adolescence is ordered by repetition, reproduction, and invention. There is a repetition of a primal scene, but the repetition is not a real one, and thus the adolescent is forced to merely repeat the repetition. Rassial also noted that the adolescent phase of life is the one in which reproduction becomes possible, and reproduction often appears to be an alternative to repetition. This is partly why some adolescents rush into parenthood.

INFLUENCE OF THE RHYTHM OF SPEECH

Our relationships to time, speed, and motion are often taken for granted. In order to listen to someone, for example, we have to adjust ourselves to the speaker's flow of words and speed of delivery. Sometimes we get annoyed at a person who talks too fast or too slowly, because we know that this can make us lose the gist of what is being said.

Language and Autism

But how do we actually adjust to the time and rhythm of speech? In *Une Âme Prisonnière [A Captive Soul]* (1994), Birger Sellin used a

computer-assisted method of communication to quote text he had written while a young man suffering from autism. The results of this technique have been hotly contested: could an autistic patient really have authored the text? However, for us, this is not the issue. Whether the writings came from Sellin or from an assistant, their relevance lies in what such a clinical relationship reveals about the differences between speech and writing, since Sellin is reported to have begun to write before he could speak.

Following is a sample of the (unedited) text:

> It's absurd to think that autistic people are less intelligent than other extraordinary mutes we cannot speak because our internal agitation is extraordinary, even annoying the agitation is undescribable and must remain without appropriate expression because outside-men haven't experienced it and weren't able to give it a name I call it the-depths-of-the-power-of-agitation.
>
> I hardly ever have moments without this agitation. [p. 164, trans. J. Monahan]

Writing in the same way, Sellin, like other autists, later described words as coming at him as fast as a bullet train. Most of us probably have an innate capacity to isolate and delimit the voice, much as we do when we look at a precise point in space and isolate it from the surrounding area. But how do we manage to select relevant *auditory* elements? How do we enter into the tempo of sentences and adjust ourselves to what the Other is saying? Are we already inside the rhythm of the Other's speech, or do we adjust to it from the outside?

These questions can be partially answered by noting that the ability to differentiate requires both a degree of inhibition and a paraexcitatory function, which allows us to record on a temporal level certain incoming stimuli while discarding others. In some cases, this capacity to screen and register can be missing, or in other instances, an apparently ordinary object becomes the center of attention. The result is a short-circuiting of instinctual drives.

Some autists and psychotics who have decompensated later in life are capable of astonishing intellectual performances, and demonstrate a singular openness to signifiers and language. I remember one young psychotic patient who was fascinated by Brittany and everything related to it. He could recite from memory the arrival and departure times for trains in the region over an entire year, including rail connections from one town to another.

OTHER VIEWPOINTS ON ADOLESCENCE AND TIME

Adolescents in trouble, like Pierre and Bastien, are inscribed in time, a time that begins with the signifier. If, as Hegel (1807) wrote, the concept is time (p. 305), then the signifier is what produces and deploys time, which is the real refuse of what occurred in the beginning and which later unfolds on the level of imaginary lived experience.

Psychologists have observed that the idea of infinity—the passage of time against the backdrop of eternity—is inconceivable to a child. Only in adolescence does infinity become something imaginable; and this is why adolescents seek an inviolable truth. What is special about truth—for otherwise it could not *be* a truth—is that it is eternal. Faced with the apparent failure of what once seemed certain, the adolescent has to return to the initial period of symbolization, which introduced him or her to time. This is why adolescents have trouble dealing with time and why they act with such impulsive haste. Freymann (1992) stressed this point in discussing anorexia, an affliction that affects girls mainly during adolescence, and observed a relationship to primal symbolization.

The disconnectedness that adolescents experience between eternity and time is due to the function of the signifier. This disconnectedness leads to a reexamination and reinvention of time, because adolescents need to reinscribe themselves and to position themselves anew as subjects. In order to subjectivize time once again, the adolescent boy or girl must find a position that satisfies both the

demands of the species and the particularities of genealogy. If, as Winnicott suggested, the remedy for this troubled period is indeed the passage of time, then the best thing psychoanalysis can do for the adolescent is to allow time to go by.

Freud posited that the relationship to time is first experienced as a rhythm that later recurs in the alternating absence and presence of the mother, inscribed in language, as evident in the well-known *Fort-Da* description (Freud 1920, pp. 14-17). The same rhythmic pattern of time permeates the *paternal metaphor*, the structure that Lacan (1966) uncovered in the oedipal complex (p. 557). The paternal metaphor consists of the substitution of a signifier, the Name-of-the-Father, for the signifiers of the desire of the mother, which are linked to the desire to be the maternal phallus (which is missing and thus causes the mother, in turn, to be desirous). This constitutes the first phase of the oedipal complex. The paternal metaphor is prerequisite to all later forms of metaphorization. It manifests itself as something that emerges in the desire of the mother. Nondeployment of the paternal metaphor corresponds to psychosis.

The Name-of-the-Father replaces what was first symbolized by the absence of the mother. Thus, primal repression involves a signifier attached to the other as a body, as *jouissance*. Afterwards, the phallus performs its task of separation, and the repression of other instinctual representatives is correlative to this. The result is to make phallic signification (or sexual signification) preeminent, since it is linked to castration, thus introducing the law and symbolic order. Desire in the individual is maintained by being carried over onto any object other than the mother (Vanier 1998b).

However, the implementation of this structure has a primal function. The Name-of-the-Father is a signifier that can be represented by the Freudian myth of totem and taboo, in which history begins with the death of the father and his totemization—that is, the reduction of the father to a signifier. In this way, we can paraphrase St. Augustin (397-401) by saying that time is a function of the father. Nevertheless, in both the *Fort-Da* episode and in the paternal metaphor, yet another dimension is involved, that of *jouissance*. In adolescence, all the terms of this structure are redeployed. Bastien's history, for ex-

ample, can be read as an attempt to circumscribe or contain maternal *jouissance*.

Winnicott's remark about a confrontation with the look-alike under the gaze of an adolescent girl leads us to believe that it is only with adolescence that *the subject begins to see himself or herself*. This suggests the termination of an instinctual cut, the completion (or possibility) of a sublimation needed for a symbolic qualification of the gaze, or the voice—the completion of a signifying definition that was only half-formulated when the child entered the latency period.

In his observations concerning Freud's description of Little Hans, Lacan (1985) stressed that a boy's first erections represent for the child a kind of breaking and entering of the reality of *jouissance*. Could not the same be said for what happens to the body at puberty? The *jouissance* that breaks into the reality of the body must be restructured by the adolescent in his or her own image and attached to a signifier.

As we know, most childhood phobias first appear at around the age of two or three years. These phobias probably correspond to the initial period of the oedipal complex, and involve a loss or a renunciation of *jouissance*—that is, castration. Other phobias may occur at around the age of nine, and may be viewed as linked to the imagined death of the parents—in other words, once again to a loss or letting go. I tend to think that early and late cases of phobia are not radically different. Obviously, both periods can be linked to Freud's initial theory concerning traumas and the ensuing transformation of this theory into two periods separated by a latency phase. The second period, later elaborated by Freud, is of course puberty.

All this causes us to believe that there is a *revival, or a "replay," of the paternal metaphor* during adolescence. There seems, therefore, to be an initial anticipatory phase, and then a second retroactive one, in which Freud (1905) observed a decisive moment: "the irruption of an intense mental erotic impulse (*Liebesregung*)" (p. 235), leading to the testing of the authorized limit of *jouissance*.

Love, as Lacan (1953-1954) observed, is not only imaginary, not only *Verliebtheit*, but it is also symbolic and requires that the individu-

al take a gendered position with respect to the other sex. Maintaining such a position also means "entering oneself among fellows" (Lacan 1974, p. 11). This is made possible when, in adolescence, the concept of castration takes on new significance, and the real body image is correspondingly revised. This leads to the necessity of a discursive reinscription, for which—this time around—the individual will be responsible.

With the adolescent patient, just as in any other treatment, the analyst becomes the embodiment of the fixed point of a repetition, which always returns to the same place (Perrier 1968). The analyst is thus situated in the Real.[5] The analyst consists of the depository of the deadly aspect of repetition, and at the same time, the place where transference can be deployed. Thus, the analyst's function is not just that of repetition, but also of invention. This point of certitude—the eternal truth that the adolescent needs in order to renew him- or herself—reminds us that as an adult, each of us is a person with one idea or discovery that we reexamine and develop for the rest of our lives. This idea or discovery often dates back to adolescence.

[5] The *Real* is a term introduced by Lacan (1953-1954) to denote one of the three essential registers of analysis, along with the Symbolic and the Imaginary. The Real is not "reality," the latter being a consequence of the Symbolic and controlled by fantasy. The Real is rather a category produced by the symbolic that corresponds to what the Symbolic excludes when it comes into play. Although Lacan (1966) located the Real in psychosis and in hallucinatory phenomena—"what has not come to light in the Symbolic will appear in the Real" (p. 583)—he approached this concept in a more precise manner when he reexamined Freudian sexuality and the relationship between the sexes based on fantasy. Because of the noninscription of the differences between the sexes in the unconscious, and the position of fantasy in relation to the status of the phallus for both sexes, Lacan (unpublished) later stated that there is no sexual relationship. This represented a reformulation of the Freudian position regarding the difference between the sexes and the way in which the child is introduced to the issue of sexuality by the parental couple—which is what constitutes the Real for the subject. This nonrelationship is a consequence of language and speech. Due to its position in relation to the Symbolic, the Real is that which is unnameable. As Lacan (1970) once wrote, "The Real is the impossible" (p. 74). (See also Vanier 1998b.)

CONCLUSION

By providing a point in the Other that the adolescent can rely on, analysis allows a young boy or girl to go beyond the traditional dilemma of adolescence—that is, the protest against an established order that ultimately ends in the establishment of yet another order, or the abandonment of worthy dreams resulting in total conformism. Here we might do well to think of analysis as a place where a conflict can be resolved in the subject's own terms. With a fixed point in the Other—a point that remains an enigma, but at the same time allows the adolescent to form a conviction—the analytic setting enables the individual to find sustenance in something after the crisis has unfolded. The term *adolescent crisis* is indeed reminiscent of the *krisis* of Hippocratic medicine, during which the doctor waits for the passage of time to provide the remedy and to decide the fate of the patient, who is balanced between life and death.

In a setting such as analysis, the adolescent may even be able to give language a little help—the kind of help that adolescents love to supply, since it is they who invent the new idioms that reshape and redirect the language in which we live.

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NONTRADITIONAL FAMILY ROMANCE

BY KEN CORBETT, PH.D.

Family stories lie at the heart of psychoanalytic developmental theory and psychoanalytic clinical technique, but whose family? Increasingly, lesbian and gay families, multiparent families, and single-parent families are relying on modern reproductive technologies to form families. The contemplation of these nontraditional families and the vicissitudes of contemporary reproduction lead to an unknowing of what families are, including the ways in which psychoanalysts configure the family within developmental theory.

This article focuses on the stories that families tell in order to account for their formation—stories that include narratives about parental union, parental sexuality, and conception. The author addresses three constructs that inform family stories and that require rethinking in light of the category crises posed by and for the nontraditional family: (1) normative logic, (2) family reverie and the construction of a family romance, and (3) the primal scene. These constructs are examined in tandem with detailed clinical material taken from the psychotherapy of a seven-year-old boy and his two mothers.

FAMILY STORIES

"Where did I come from?" has never been an easy question to ask or to answer. Setting aside the existential uncertainty this question provokes, it often places children and parents alike in the manifold grip of wish, anxiety, and defense. This knot of anxieties has been

drawn even tighter with the proliferation of nontraditional families, including lesbian and gay families, multiparent families, and single-parent families.

How do we speak to children about the ways in which their conception and/or their parents' sexual union differs from traditional family narratives about procreation and parental sexuality? How can we introduce and negotiate a child's growing awareness of majority as opposed to minority stories of kinship and procreation? How do we explain and express feelings about the fact that while two women are capable of gestational reproduction, two women or two men are not capable of genetic reproduction? How can a single parent explain the desire to have a child outside the bonds of marriage and the traditional marriage/love narrative that is generally used to explain procreation? How do families create a parent–child–donor triangulated space? How do families contain the pull of guilt and protection experienced by the minority parent and child as they confront normative assumptions and majority expectations?

Add to all this the ways in which many (if not most) nontraditional families employ fertility and reproductive technologies—technologies that are increasingly complex and various. Consider, for example, the host of available fertility drugs, or the many permutations of in vitro fertilization that depend on techniques used for treating the egg and sperm before they are inserted into a woman's body. Consider the adoption of frozen embryos. Consider also the wide spectrum of donor insemination and donor egg profiles: from the anonymous to the known donor; from the donor who is known all along to the donor who can be known at a later point in a child's life; from the known donor who plays an active role in a child's life to the known donor who is not actively involved; from the genetically related donor to the nonrelated donor; from the single donor to the blended donor—and this is to name but a few.

How do we discuss technological innovations that perhaps even the parent finds it difficult to comprehend? How can we introduce a child to categorical distinctions that are only now beginning to coalesce (such as the distinctions between a genetic mother versus a gestational mother versus a social mother)? Add to that the social/

contractual arrangements, including adoption and surrogate or contractual parenting, that are employed to establish these nontraditional families, and it is not difficult to see that one is left to be brave in this new world.

But even before the world was this kind of new, parents were notorious for their lack of bravery in the face of procreation questions. Anxious parents commonly turned toward metaphorical obfuscation in order to dodge questions about reproduction or parental sexuality—hence the cabbage patch, the stork, and the rose. The mystification engendered by comparing a cabbage patch with the process of gestation has become an emblem of parental anxiety and defense. Then again, parents rely not only on metaphors to mystify; they also employ comparisons and metaphors in their efforts to help children understand complex and anxiety-provoking phenomena.

Metaphors are employed in the service of telling a story. Stories or "family romances" are one way a family becomes. Freud (1909) first introduced the idea of the "family romance" in describing how adolescents, in the service of separation, sometimes fantasize having been born to parents other than their own. While Freud situated this experience with the child and with the act of separation, I suggest that family romances are also told by parents or between parent and child in the service of attachment. Children frequently request that stories of conception and birth be repeatedly told, as they strive to comprehend reproduction, parental sexuality, and family formation. Heroic and miraculous accounts of birth, for example, are often given a special place in family stories.

Traditionally, accounts of parental union and conception serve as the opening chapter of family *Bildungsromane.* But what about families for which there is no parental union, and/or in which conception was achieved with the assistance of someone outside the family? As child analysts and family therapists know all too well, we cannot look either outside or inside our homes and/or consulting rooms these days without having to grapple with our growing awareness of the multiplicity that imbues our millennial turn.

There is not just one story to tell. Our clinical observations are confirmed by recent demographic data that indicate only fifty-one

percent of American children live in the same household with their biological mother and father.[1] With these new norms in mind, we are forced to rethink how children and families grow. We need to reexamine our developmental theories that assume the presence of a mother, a father, and a child. In concert with such reexamination, we must also look at the ways in which the normative ideal of the biological nuclear family continues to function. In other words, while norms are a way to speak about empirical demographic data, they also function to uphold social ideals or an idealized normative order. We can properly assert that there is not just one story to tell, but in so doing, we must also recognize that stories depend as much on ideals as they do on facts.

In this essay, I address three constructs that filter through the story-building work of clinical psychoanalysis, and that require rethinking in light of the category crises posed by and for the nontraditional family: (1) normative logic, (2) family reverie and the construction of a family romance, and (3) the primal scene. Guided here by Laing's (1968) prescient observation that "We speak of families as though we all knew what families are" (p. 3), I suggest that the contemplation of nontraditional families and the vicissitudes of contemporary reproduction lead to an *un*knowing of what families are—including the ways in which we configure the family within developmental theory. Family stories are central (perhaps most central) to how we conceive of child development. Family stories are also central (perhaps most central) to our clinical endeavors. But whose family? And once we question what a family is, we are also left to question *how* a family is. How does a family do the work of family? Is that work dependent on a particular/fixed family structure?

NORMATIVE LOGIC

Beginning with the crisis of normative logic and the nontraditional family, I put forth the following proposition: No one develops out-

[1] See article entitled "Poll Reveals More Acceptance of a Changing American Family," *New York Times,* November 26, 1999, p. A41.

side a system of norms, but no one develops as a simple mechanical reiteration of such norms (Butler 1997a, 1997b; Layton 1998).

Children and families grow against and within the "logic" of normative social structure. Such structure operates through various forms of social practice, power, and language. No child, no family steps outside this outside world. No one lives outside the outside. However, as Flax (1993) has argued, every child and every family is individualized through their struggle with and against these social structures.

For example, children from nontraditional families are frequently reminded of how incomprehensible they are as the law or logic of the dominant culture bears down on them. How might this normative logic be internalized and drawn into a child's consciousness and unconscious? How might we consider the intricate manner in which the psyche is always produced within an outside world, and at the same time keep in mind that along with norms, contingency and chance are also always present in that outside world, always present and always interacting with norms—thereby creating the possibility of repetition with a difference (Butler 1997a, 1997b; Corbett, in press; Layton 1998). In other words, norms are never simply reproduced, but rather are always produced with variance.

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Consider Andy, the seven-year-old son of two mothers. When confronted on the playground with the privileging of the traditional nuclear family, in being told that he could not be born to two mothers, he countered with, "Stupid, haven't you ever heard of donor insemination?" Or consider Jade, the six-year-old daughter of a single mother, who when confronted with a similar sentiment, simply replied, "Well, a man helped us." Whereupon one of her friends apparently rallied to her defense by pointing out that their mutual friend, Lilly, "came from a dish."

As this and other evidence from these children's lives suggest, they understood themselves to be marginal, and at least part of the time, they defended their marginality with either seemingly casual

explanations or with a sense of entitled defiance. They stood out. But they stood up.

Andy and Jade did not simply or solely suffer in the face of prevailing cultural norms; in their own ways, they seemed to understand that norms can only occur with variance, and that their and their mothers' subjectivities were a mix of a repetition of certain norms and a challenge to other norms, either through fantasy or conscious action. This is not to suggest that these children could resist norms devoid of complicating and even contradictory desires for the normative.

Andy, for example, experienced considerable confusion, shame, and anger in relation to the butch-gendered surface of R. J., one of his mothers. He could feel especially ashamed and angered by what he perceived to be R. J.'s incomprehensibility—in particular, if and when she was publicly perceived to be a man. Andy's feelings in this regard were overdetermined, and one variant of this overdetermination was that Andy could feel incomprehensible as her child. He was not her biological child, and while he bore a clear resemblance to his biological mother, he looked nothing like R. J. Not only was he often in the position of having to explain that R. J., whom others often perceived to be a man, was his mother, but he was also often in the position of having to explain and comprehend their physical dissimilarity.

Adding yet further complication, Andy also had to reckon with his desire for a kind of active physicality and embodiment that he recognized in R. J., and with which he identified. In contrast to Ellen, Andy's other mother, who often experienced and expressed feelings of gender difference in relation to Andy's "boy-ness," R. J. regularly identified with and joined Andy in many of his typical boyhood pursuits. They played soccer, they built model airplanes, and they proudly challenged Ellen's squeamishness when it came to bugs.

As a result, Andy's feelings of anger and his wish to distance himself from R. J. were the source of much pain for mother and son alike. R. J. often spoke about her gender experience with a kind of ironic pleasure. For example, she enjoyed pointing out that she

coached Andy's soccer team, and at the same time was one of the PTA room mothers for Andy's class. She was not, however, unmindful of the dilemmas her experience posed for Andy, as well as his feelings of confusion and anger. Helpful in this regard was R. J.'s capacity to parent. She happened to be possessed of a vigorous, bodily, and lustful approach to living. She readily jumped into active play. She could intuit and initiate a child's voluptuous pleasure in excess. In counterdistinction, she could also intuit and provide a child's need for comfort, soothing, and structure.

R. J. and I worked together to utilize her good-enough parenting to allow for Andy's wish that, as he put it, he could have "a mom who looked like a girl, but could play like a boy." R. J. understood that she could not embody that wish. She could, however, provide a mind that was open to Andy's wish and his corresponding confusion, anger, and hate. Through her reflexive capacity to remain open to Andy's projections, a paradox could be created and held: Andy's wish could be recognized. Similarly, his perceptions of cultural norms could be recognized, and R. J.'s cultural incomprehensibility could be located in relation to those norms. Andy's dilemma was not solved, nor were his shame and anger erased; rather, they were held and explored.

Andy faced a similar, though manifestly different, dilemma with his other mother, Ellen. He would often become angry when Ellen made efforts to explain their family to others, which included identifying herself as a lesbian. Andy would press Ellen to remain silent, and to pass as virtually normal. Ellen would at times accede to Andy's wish, but feared that such accession represented collusion in feelings of shame. Ellen spoke of her concern in our first consultation:

> Andy is a great kid. I love him with all my heart and I trust he knows that, along with feeling the complications of that, you know, that sort of "Oh, Mom." And it has not been difficult to help him understand that I am gay and what that means. He gets that. I think he also understands—as best he can at this point—the circumstances of his birth. But how do I deal with his beginning to understand that I am hated?

Their family did not always blend into the backdrop logic. At times, they were greeted with anxiety and hate. R. J. recalled a "hateful moment" when she met Ellen and Andy on a street corner. She kissed them both and they all joined hands as they set off toward a restaurant. As they joined hands, a passerby yelled, "Fucking freaks!" Tearfully, R. J. described her feelings of dread, anger, helplessness, and sorrow as she watched Andy's happy expression veer from confusion to fear to anger.

R. J. and Ellen actively resisted the hate that often greeted their sexuality and their family. They promoted ideas of tolerance and discussions of difference. They spoke out against acts of violence and hate. They proactively provided Andy with stories about minority experience. They participated as a family in a supportive, community-based organization for gay and lesbian families.

However, R. J. and Ellen could see that being proactive and supportive, while necessary, was not sufficient. They were in need of what Ellen called "a more reflective, less reactive space." It was this need that led them to seek treatment. They sought a referral through the psychologist at Andy's school, who referred them to me. The school psychologist reported no significant problems for Andy at school. In her opinion, Andy was "a healthy boy struggling with the ups and downs of living a nontraditional life." He was an above-average student in a competitive private school. His social relations appeared to be good; he had several friends, and was recognized as a "popular" kid.

The psychologist pointed out that there were two other children in Andy's class who also hailed from nontraditional families, and that the teacher and the school made a decided effort to be inclusive. The psychologist felt that Andy's reactions to the perception of his family's difference were mixed; he vacillated between being more or less open to such discussions about his family constellation. As she put it, "He is trying . . . but there is something about the situation that is also trying."

I worked with Andy and his family for two years, and continue to see them occasionally on a consultation basis. While I undertook a twice-per-week individual psychotherapy with Andy, I also met fre-

quently with his mothers, usually twice per month. I felt it was especially important to grasp what I could about how they lived together as a family, and how Ellen and R. J. lived together as a couple.

Ellen and R. J. described their relationship as loving and largely satisfying. Indeed, they displayed an easy affection with one another, and an equal willingness to hear the other out—although early on, I noted a subtle tendency to "manage" the feelings of the other in such a way as to ease, but also to truncate, what was being expressed. When I questioned them about this, they began to consider what R. J. eventually came to label the "circle-the-wagons mode." It was of interest to note that this dynamic not only infused their immediate family relations, but also carried forward into their "tight circle" of friends, and their "close-knit" relations with their siblings and their siblings' children. As I will detail, themes around protective silence quickly surfaced and were threaded throughout the treatment.

At the heart of my work with Ellen and R. J. were our efforts to understand how Andy would find a way to contemplate his anxiety about their difference, as well as to endure his experiences of shame and hate, through R. J.'s and Ellen's capacity to sustain a state of mind that was open to receiving his projective identifications, whether they were felt to be good or bad (Bion 1959, 1962). In conjunction, we worked together to reflect on Andy's need for their minds and his need to use their minds, even to ruthlessly use their minds (Fonagy and Target 1996; Winnicott 1954). Ellen and R. J. came to see the ways in which their reflexive/reflective capacities not only held Andy, but also demonstrated their capacity to survive such ruthless use. We worked toward the understanding that, while we wish to protect our children from pain, anxiety, and hate, we are in fact helpless to stop those feelings from entering into our children's lives, and that furthermore, a life without pain and loss would be an impossibly distorted one. They came to understand that Andy would not be without pain or anxiety, though he would have a mind with which to hold them.

R. J. and Ellen recognized that their capacities for reflection and reverie—in particular, their capacities to reflect on their marginality—had developed over a long period of time. They began to think

about how they could help Andy in this regard as though the three of them were engaged in a dance: sometimes you lead, sometimes you follow. Sometimes in accord with his anxiety, they would follow Andy's defenses. If given the opportunity, they might reflect on his fear, or on his perceptions of their cultural incomprehensibility, or their collective wish for the apparent ease of normativity. At other times, they would lead by providing proactive and supportive assistance to help Andy fashion his own minority story.

FAMILY REVERIE AND THE CONSTRUCTION OF A FAMILY ROMANCE

Another feature of Andy's minority story was the manner in which he grappled with the idea of a father. In this regard, Andy was cautious and uncharacteristically quiet, as opposed to being ruthless. His reluctance to indulge his curiosity about fathers stood out. I once referred to his father, and he rather firmly and decisively corrected me by explaining that he did not have a father; he had a donor. I understood that he was repeating what he had been told. But I was also sincerely struck by the integrity of his response. After taking note of my blunder, I asked him if he ever imagined his donor. He replied by reciting the facts that had been provided to him. Andy knew the difference between facts and imagination, and when I pointed out his "just-the-facts-ma'am" approach, he reluctantly revealed that he *did* have an idea about the donor. He had it in mind that he could not meet this man until he was eighteen years old; otherwise, this man might want to keep him.

We came to understand many things about this fantasy, including Andy's wish and fear that I might want to keep him with me. We also examined his feelings of divided loyalty regarding his wish to know this man (and to know fathers in general), and how that would affect his mothers. In particular, would his curiosity separate him from his mothers? Would his curiosity result in retribution in the form of being stolen by this unknown man?

At this point in the treatment, I began to work with Andy and his mothers in an effort to bring their collective fantasies about the

donor into what I call their *family reverie*. It became clear rather quickly that the entire family had worked to silence their fantasies about this man.

Andy's mothers had had many discussions that were often colored by rather lively fantasies about the donor; however, those discussions had principally taken place prior to Andy's birth. Of particular note were the ways in which they had linked the donor with their own histories, in what we came to understand as their wishes for genetic reproduction and continuity. They both imagined the donor as similar to the beloved sibling of the other: R. J. imagined the donor to be like Ellen's younger sister, whereas Ellen had imagined him to be like R. J.'s older brother. They made these links in accord with information they had about the donor: he had an advanced degree in mathematics, as did Ellen's sister; he played the cello, as had R. J.'s brother.

Another expression of their efforts to make the donor "familiar" was what they recalled as a feeling akin to "falling in love" with him. As Ellen clarified, "Not exactly falling in love, but sort of—at least a big crush. We had only a written description—no picture. But we certainly had him in mind as lovable. So it was that kind of falling in love." R. J. added, "We even gave him what I think of as a lovable name, Tim. We of course didn't know his real name."

R. J. and Ellen began to see the ways in which their silence about the donor had followed on anxieties that were multiply determined. Principally, however, they were concerned that such open discussion would prove overstimulating, and would lead to questions and wishes for which they could provide neither answers nor satisfaction. We worked toward recognizing the limits of reality: there were answers they could not provide; there was satisfaction they could not provide. At the same time, we worked toward that which they *could* provide: their minds, the possibility of reverie, and the corresponding possibility of the reflexive/reflective exchange that can emerge from reverie.

When they recognized how important their fantasies regarding the donor had been to them, it was an easy move to see that the same might be true for Andy. They had provided Andy with the

limited facts they knew, although they had not encouraged discussion beyond the facts. They began to see how Andy might have limited his fantasies in an effort to comply with their anxiety. As opposed to their fears that their fantasies would prove overstimulating or would separate them as a family, they were able to entertain the possibility of the opposite—the possibility of minds opening onto and into their collective fantasies in such a way as to bring them together as a family.

Andy's dilemma regarding his donor brings me to Ehrensaft's (2000) recent reflections on what she describes as "the destruction" of the sperm donor-father (p. 391). Reviewing the lesbian parenting literature, Ehrensaft noted a tendency to deny the importance of information about insemination to the child. She argued that by relegating the role of biological father to that of a "nice man who donates his sperm," parents underestimate their child's need for information about their biological roots (p. 384). She also maintained that by reducing the biological father to sperm, parents defend against their own anxiety regarding the role the donor played in creating the child. According to Ehrensaft, such denial obscures a child's need to establish and construct a "whole father" (p. 389).

Returning to Andy, we can note that he and his mothers did not destroy his donor, but they did sequester him, thereby attempting to restrict their own fantasies about a father. Following Ehrensaft's proposition, Andy was having difficulty creating a "whole" father as opposed to a "part" father—one composed only of sperm and facts. Yet I was aware that in creating a donor-father, Andy was faced with a paradox: donor-sperm is a disconnected piece or component part given away, in this case by an unknown, though presumably whole, man. Andy had an integrative need to know more and imagine more about this man, yet at the same time, he was faced with the disconnected role this unknown man had played in his conception.

Constructed and deconstructed by material reality, Andy's father in psychic reality was multiply determined. One feature of that multiple determination was the way in which Andy's donor-father was both a part and a whole object. Another feature included the

material reality that the person in Andy's life who usually took up the activities most often associated with fathering was a woman, R. J. Yet another feature followed on the way in which Andy and his mothers had sequestered the donor. They were seeking protection through their collective silence; yet in effect, they were denying themselves and Andy an internal object that could be used. Such use was further complicated by the fact that Andy could know and use this man only internally. He had no material access to him and could not use him externally. Andy did not have the opportunity to use—and perhaps even destroy—his internal object while observing the survival of this man in external/material reality (Winnicott 1945).

In contrast to Ehrensaft's observations regarding the destruction of the donor-father, I found that Andy did not have the freedom to use (and thereby to ruthlessly use and destroy) his donor; he was too busy protecting him. This was an especially intriguing feature of his transferential relationship with me. Early on in the treatment, I was treated with great care, and there was much anxiety lest I become displeased. He was cautious as he moved around the consulting room, careful not to disturb or upset anything. He treated the toys carefully lest they break. Once, early on, he dropped a toy on the floor, and it left a minuscule dent in the carpeting; he became concerned that I would be angry and not ask him back.

I often commented during this period on Andy's carefulness, and suggested that perhaps he was worried about what would happen if we "really played." I also commented on his apparent anxiety about repair and resiliency. For example, we were able to see that as the hour progressed, the carpet "bounced back," and I took that opportunity to wonder if he "worried that we would not bounce back if we really played."

There was a noteworthy shift in the quality of his play once we began to take up the issue of his donor (along with the work I was doing with his mothers). His play became more active and aggressive. I recall my optimism the first time I had to set a limit on his activity level in the consulting room. Themes typical for children of Andy's age began to emerge, and in particular, the theme

of the struggle between big and little. This was repeatedly enacted in a race between cars we would construct out of Legos. His car was always the bigger and sturdier one; mine was always small and less viable.

I often reflected on this play by talking about Andy's wishes and worries regarding "growing big." Around this time, he set in motion a game whereby I would measure his height, which changed each hour, according to Andy, and we would make secret notches on the edge of the bookcase to measure his growth. The vigor and assertion of this kind of play, though once again not unusual for a boy of Andy's age, nevertheless provided an opening to begin to address his anxieties about growth: How would he grow? *Would* he grow? How would he grow as a man? What was it like to grow up as a boy in a house with two moms? What was it like to grow in front of me?

Andy would rarely, if ever, directly answer such questions. Instead, I took my cues from the ways in which he responded through play. It was at around this time that he began to take greater interest in me, and in my body in particular. During play, he would often edge closer to me, careen into me, or jump into my lap. Once while we were looking at a book, Andy reached up and touched my chin. He asked about the stubble he discovered there, which initiated the theme of the "five-o'clock shadow" (our appointment time was in fact five o'clock). Andy took great delight in the phrase "five-o'clock shadow," and thought it one of the "funniest things" he had ever heard.

Throughout the next few sessions, my chin was inspected almost before Andy was across the threshold into my consulting room. This inspection was repeated many times throughout the hour, to see whether my beard had grown. I used this play to expand on our discussion about his wish to "grow big" and to "grow a big man's body." We talked about his curiosity as a way to wish and learn. But I also took note of the ways in which the repetition and exaggeration of this play might communicate something of a manic defense, which in turn raised the question: a defense against what?

Andy's expanding interest in me took the form of various questions: Where did I live? Was my office my home? Was the couch my bed? Was I married? Did I have pets? Did I have children? And the question that arose most often, why did we have to meet at my office? Why couldn't we go outside and play? Why couldn't we go fishing? Initially, I attempted to make a link between fishing and therapy, and to point toward the "fishing"/exploration we could do within our work together. However, as Andy persisted with his request, I began to see that my initial (all too clever) response was the consequence of a countertransference defense.

Indeed, during this phase of our work, I found myself entertaining fantasies of going fishing with Andy. I once caught myself reading an article about fishing in a magazine––an article that I would normally have skipped right over. As I began to examine my fantasy, I noted the ways in which the wish was largely felt as physical—the rocking rhythm of the boat, the heat of the sun, and the cool darkness of the water. The silence. Hardly the experience of being with a child in a boat. I began to consider this contradiction reflective of my effort to deny/silence Andy's wish that I join him in a parental union, up to and including his wishes for sexual union. Here I considered the manner in which I might be joining Andy in enacting his family dynamic of protection through silence.

I contemplated the ways in which the fantasy seemed to simultaneously convey and contain sexual desire—perhaps a manifestation of my nonverbal efforts to allow and yet contain the erotic transference and countertransference. In particular, I reflected on the nonverbal limiting cues I conveyed to Andy about how he could sit with me, or the ways in which I managed his pull toward rough-and-tumble play. But were my efforts also defensive?

Here I believe we come upon an aspect of child therapy that is rarely discussed and insufficiently problematized: the subtle ways in which a child therapist is often in the position of having to negotiate the muscular eroticism of children, up to and including the therapist's own erotic countertransference response. As I believe my fishing daydream expressed, I was consciously aware and unconsciously drawn to the kind of sensual contact that characterizes pa-

rental care: holding, bathing, caressing, soothing. But I was also aware of something more vigorous—the muscle-to-muscle exchange prompted by Andy's efforts to make more aggressive contact with my body. For example, I was aware of the pleasure I experienced in exercising my strength in setting limits with him, and my corresponding recognition of his pleasure in feeling my strength. I also noted the pleasure I took in feeling his small body (the fragility of his rib cage, the thinness of his arms) as I lifted him up so that he could reach something on a shelf in my office—a reach he was insistent on achieving.

In this light, I viewed my fishing fantasy as a defense, and I had to entertain the ways in which my own experience of prohibition may have been inhibiting the development of Andy's erotic transference. Was I more comfortable presenting myself as a nurturing parent, as opposed to an erotic man?

Following these countertransference reflections, I began to more directly interpret Andy's wish to be close to me—to observe my habits, to touch my body, to feel the excitement (muscular eroticism) of rough-and-tumble play. In marked contrast to his usual style of limited verbal response to my interpretations, he was quite eager to disallow these thoughts. As I puzzled over his response, I wondered if maybe he wanted to be close to me, but not talk about it. This did not strike me as particularly unusual for a boy of Andy's age. But what did impress me was the fact that by stepping out of our previous nonverbal manner of managing his wishes, I was also stepping out of the wish.

In this regard, I spoke about how he might want to "make me up and play with me" without having to talk about it. In tandem, I began to speak more directly to Andy's efforts to "make up" a father, and how he sought to "make me up as a father." I attempted through such interpretation not only to empathize with Andy's mental state (and the sincere difficulty that he faced in imagining his donor-father), but also to offer a re-representation that would awaken and afford the developmental action of play. Specifically, I sought to create a frame for play and reflection that would allow Andy to work out his anxieties surrounding the circumstances of his birth and

his family life—anxieties that had been partially shrouded by ignorance and confusion, thereby making them more difficult to express and to work through.

Gradually, Andy and I began to grasp his disappointment and anger that his wish could not be granted. Pretending that I was a fathering figure (one with a gendered surface that would pass) and pushing for the enactment of that wish did not alter the reality of his family structure, nor did it annul the paradox of his relationship with his father-donor. Andy's arrival at these realizations was not configured solely through loss. He began to mentalize the ways in which fathers are not only real; they also exist in our minds. We began to talk about "the father-donor in [his] head," which in turn stimulated pretending (not only in relation to fathers), and brought about enhanced self-representation and reflection.

Taking up Andy's disappointment allowed for further exploration of his confusion about his donor's relationship to paternity. At this point, distinct from the silence that veiled his earlier feelings of disappointment (along with the repudiated and threatening fantasies), he and his mothers were able to engage in a mutative process. Instead of splitting off their collective confusions and fears, they were able to create and integrate a set of shared representations with which to play.

We can note here, following on Fonagy and Target (1996), that Andy and his mothers were able to play within a family reverie to metabolize and mentalize the shared reality of their nontraditional family. I would add that through this "mentalising mode" (Fonagy and Target 1996, p. 231), Andy and his mothers were able to construct their family romance. Through this developmental exercise, Andy's mothers were able to help him understand his experience of marginality, while not denying either the anxieties or the pleasures of variance.

Children conceived through donor sperm or donor egg technologies may have to create a donor-parent between the material reality of their conception, the psychic and material vicissitudes of their own family life, and the psychic constructions produced via their unique integrative needs. These internal parental constructions will

hinge on multiple and overdetermined factors, such as the degree of charge of the donor object, the degree of turbulence and corresponding defense, and the transforming quality of any given child's mind. How is the missing object (or is it missing?) transformed in the child's mental sphere? For example, did Andy destroy his father, or did he grasp the impossibility of knowing the donor?

To divide and collapse these phenomena in one direction or the other—toward either the category *father* or category *donor*—is to foreclose both the paradox and the multiple forces that inform these children's lives, thereby short-circuiting the corresponding possibilities for the deconstruction of parenting and reproduction that may allow children like Andy to realize and construct their variant families.

THE PRIMAL SCENE

Part of any child's construction of his or her family and family romance is a growing understanding of parental sexuality, along with a growing understanding regarding the child's own conception. Central to psychoanalysts' idea of health is the need to come to terms with the facts of life, along with the ways in which those facts delineate differences between the sexes and the generations. The so-called facts of life have in turn been linked by analysts to a constellation of fantasies known as the primal scene.

Branching out from Freud's original definition of the primal scene as the child's observation or inference of sexual intercourse between the parents, the metaphor of the primal scene has by now accrued a range of meanings, including the child's knowledge of sexuality, the child's understanding of the parental relationship, and the child's knowledge about conception and reproduction. The primal scene has proven to be a problematic construct, given the breadth of its meaning and scope. In particular, increased attention has been brought to bear on what precisely is achieved through the knowledge of parental sexuality.[2] Contemporary reappraisals and

[2] See, for example, the exchange between Aron (1995) and Schwartz (1995).

theoretical revision have taken a decided turn away from Freud's (1918) original proposition, which fixed the primal scene as an expression of phylogenetic inheritance, and as a foundational fantasy that shapes the organization of all fantasy life.

Contemporary theorists, most notably Aron (1995) and Britton (1989, 1998), have shifted our attention toward what Britton referred to as the "primal family triangle" (1989, p. 87). While primal scene fantasies are still seen as foundational, the foundation has been shifted from presubjective structures to the intersubjective exploration of the nature and quality of "the child's perception, understandings, and experience of the parental relationship and interaction" (Aron 1995, p. 206). Unlike Freud, who never specifically incorporated his discussion of primal scene fantasies into the oedipal complex, contemporary theorists have endeavored to locate primal scene fantasies within what is now commonly called the "oedipal situation" (following on Klein [1945]).

Moreover, primal scene fantasies, which are now enfolded within the oedipal situation, are linked with the depressive position (once again, following on Klein [1945]). Several clinical shifts occur as a result of this theoretical reconfiguration: The primal triangle is examined for evidence of the child's capacity to participate in a relationship observed by a third person, as well as his or her capacity to observe a relationship between two people; attention is focused on the development of a space outside the self to be observed and thought about; attention is also paid to the child's capacity to distinguish between the material and the psychic; there is less emphasis on how a child may or may not be negotiating psychosexual stage development (so-called psychosexual stages are seen as less fixed, and open to more oscillation); and emphasis is now placed on how the child can hold multiple relations and contrasting ideas in mind, including the ability to fantasize multiple sexual relations.

It is around the phenomena of sexual and relational multiplicity that Aron (1995) has drawn attention to another problematic feature of the construct of the primal scene: the manner in which the "primal scene connotes a singularity or uniformity of desire that is incongruent with the multiplicity of sexual experience/desire,

not only between individuals but within individual experience" (p. 214). The singularity to which Aron refers is heterosexual coitus.

Analysts have consistently used the primal scene to configure heterosexual intercourse as the core symbol of sexuality, procreation, and reality. Consider, for example, how this symbology operates within Elise's (2000) recent exploration of what she referred to as *"reality testing* regarding sexual reproduction" (p. 66). She illustrated such reality testing by pointing out that a girl may make an oedipal turn toward her father as a consequence of her "recognition of a biological fact: any wish for a baby requires an oedipal teaming up with the father" (p. 65). Elise went on to clarify that "a girl turns to her father not for a penis that equals a baby (Freud 1925), but for a baby that requires a penis (Horney 1926; Klein 1932)" (pp. 65-66). In other words, a girl comes to understand that making a baby requires a penis.

Elise was referring to both a global regularity regarding reproduction (most children are conceived through heterosexual coitus), and to a global regularity regarding how children begin to understand reproduction (most children first learn about reproduction as linked with heterosexual coitus). But as with all global regularities (and all biological facts), this reproductive reality is open to variance. For indeed, making babies does not require a penis; it requires sperm or a male reproductive cell that may unite with an egg, or a female reproductive cell, by means other than heterosexual penetrative union. Here I would expand on Elise's recognition of "certain reproductive realities" (p. 66; note use of the plural) to include certain *technological* reproductive realities. These contemporary realities require that we begin to distinguish heterosexual penetrative union from primal scene fantasies from conception fantasies, which to date have been considered as one and the same, revealing yet again an assumed correspondence between heterosexuality, reproduction, family, and reality.

A further illustration of the need to distinguish procreation from the primal scene is a recent summation/proclamation offered by Green (1995), as follows: "If any one of us breathes the air and is alive, it is as a consequence, happily or unhappily, of a primal scene

. . . between two sexually different parents, whether we like it or not" (p. 880). Green ignored not only the facts of contemporary life and the various forms a family takes, but also the fact that primal scene and conception fantasies are open to a range of permutations and possibilities. Moreover, those permutations may inform our subjectivities as much or more than the limited facts of material reality. And why shouldn't they? The problem is not the possibility of fantasy (how is a lesbian primal scene any more or less enlivening than a heterosexual primal scene?), but rather the ways in which those fantasies are either disavowed, debased, or diminished.

Such disavowal or foreclosure leads to clinical blind spots that do not afford a more complex way to consider the progenitive wishes of a family, and how those wishes, including the manner in which they are enacted, are open to great variation. Furthermore, we are hindered in our efforts to understand how those wishes circulate within the family reverie, how they inform a child's procreation narrative, and how they shape the family's romance.

The heterosexual singularity that is instantiated in most discussions of parental sexuality also serves to foreclose our understanding of a child's capacity to form and flourish within multiple circulating narratives. Recent work by developmental psychologists and psychoanalysts has taken a turn away from fixed developmental structures (Chodorow 1996; Coates 1997; Corbett, in press; Fajardo 1998; Harris 1996; Thelan and Smith 1994). Key to this reexamination of childhood is a critique of the linearity and normativity that is tacitly implied by fixed developmental structures. Linear and deterministic accounts of childhood have been shown to be overly general, and insufficient to account for the variability and complexity of development. In response, we have begun to refashion our theories of development by moving toward the exploration and integration of relational processes that afford a more complex and perplexed account of child development.

For example, Chodorow (1996) persuasively argued that "we should be wary of clinical explanations in terms of objectivized universal childhood stages or psychobiological drives that determine or predict later psychological experience" (p. 48). Opposed to such

universalizing, Chodorow recommended that we begin to look "from a particular subjective childhood and the unique evidence of individual transferences" (p. 49).

"S-E-X"

Andy's understanding of parental sexuality and reproduction was multiply informed and determined. He knew the facts of life relative to both the global regularity of heterosexual penetrative union and the variant reality of his own conception through donor insemination. He understood reproductive biology and sexual anatomical difference at an age-appropriate level. He knew about what he called "s-e-x" as a mysterious/exclusive adult phenomenon, and he often communicated his sense of this mystery through a mix of curiosity, stimulation, and prohibition. Typical of this mix was an exchange wherein he spoke of how he had "better not" speak about "s-e-x." When I asked him how come, he claimed that to talk about it would give him "shivers." I asked whether they were good shivers or bad shivers. He replied that they were bad shivers, and launched into a rambling description of how kids at school said that "s-e-x" was bad. He concluded by pronouncing that when he got married, he would push his wife to the other side of the bed.

I laughed, and wondered aloud what his wife would think of that. He indicated that he did not think we should be talking about such things, and reinforced his position by telling another rambling story about a friend of his who had gotten into trouble that day for saying "b-u-t-t"—at which point we both laughed. I ventured that butts and bodies were funny. I followed by indicating that perhaps the fun adults have with their bodies is confusing. Giggling, Andy once again ventured forward with a rambling story about having overheard R. J. and Ellen laughing in the bathroom. He blurted out that R. J. most likely had farted in the bathtub. More giggling ensued and recurred in fits and starts throughout the rest of the hour.

This exchange, which is perhaps most notable for its typicality, nevertheless communicates Andy's lively engagement with both his

and his parents' sexuality. He had linked Ellen and R. J. in a body space (the bathroom) and translated their laughter into a form of bodily fun (farting in the bathtub) with which he could no doubt identify. The interest/interpretation he brought to parental sexuality, typical of children his age, was most likely based on his own physical experiences, perhaps even his own experience and desire in being bathed by his mothers. Simultaneously, one might look at the link he made between parental laughter and anal pleasure (farting) as a defense against his growing understanding of adult genital sex; note also his reference to pushing his wife to the other side of the bed. Here we might wonder whether Andy was defending against a growing understanding of the difference in his parents' sexual union. Once again, though, this manner of defense is not unusual for children of Andy's age, as they seek to negotiate their curiosity/excitement/stimulation with their experience of exclusion/taboo.

How Andy processed and expressed his understanding of his parents' sexuality was combined with his registration of the psychic reality of his parents' relationship. He represented his parents in a combined relationship that was exclusive rather than rejecting. Andy also represented "s-e-x" as exclusive/prohibited, but not rejecting; we had better not talk about it, yet we were; we had better not feel it, yet, arguably, we were, in the form of shared recognition and laughter. Together we could observe and share in his experience. At the same time, he could communicate a sense of limit relative to what he could know or thought it appropriate to know. This limit, however, did not curtail his curiosity or his robust capacity to "play with" "s-e-x" (to act on it imaginatively).

This robust quality was also reflected, even within this small exchange, in the manner in which Andy moved between multiple stories/wishes. Consider how he moved between speaking about his own imagined heterosexual marriage, his parents' homosexual union, and the simultaneous experience and prohibition of "s-e-x" with his peers, which was then repeated with me.

The above-described play/exchange, which occurred near the end of Andy's treatment, signaled a significant shift in the nature

and quality of his willingness to play, in contrast with the careful and constricted play he had exhibited at the beginning of treatment. It is important to note that this exchange also illustrates Andy's growing capacity to play with ideas that were imbued with the implication of his own wishes and desires. Instead of carefully disavowing his fantasies and wishes, he could now playfully move between internal fantasies (his own, as well as those that circulated within his family reverie) and external reality (both normative and nontraditional) in order to grasp the wishes that produced him.

CONCLUSION

I find that in my psychotherapeutic work with children, we spend a lot of time considering the story of how their families came together, and what holds them together or fails to hold them together. In my work with children from nontraditional families, I find that we also spend a lot of time contemplating their need to reach beyond the categories they have been given, in an effort to think (or mentalize) what they know about their families, as well as the wishes that shape them.

Near the end of an hour during which Andy and I had addressed his reluctance to unveil his fantasies regarding his donor, he told me about learning to ride his new two-wheel bike. He recounted a scene with his mother on a dirt road near their country home, a scene full of near mishaps and near mastery. As Andy spoke, I recalled a similar scene. I could clearly see my father and me in an empty parking lot as I attempted to master that peculiar, delicate balance that, once achieved, is so unremarkable, yet at the moment of achievement, so grand. My remembrance included a man, my father, who happened also to be my genetic father. Andy's remembrance included a woman, his mother, who was not his genetic mother. I believe Andy may have wished—and sought to communicate his wish through this unconscious communication—for me to understand that he had someone to help him gain his equilibrium as he mastered one more act of separation, as he moved one step

further into the outside world—a world increasingly populated by Andys, who in turn are looking to us to reach along with them beyond the narrow categories that have shaped our thinking to date.

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A CONSIDERATION OF KNOWLEDGE AND AUTHORITY IN THE CASE SEMINAR

BY DOLAN POWER, PH.D.

This paper examines difficulties in the management of knowledge and authority evidenced in some case seminar settings. The author suggests that the traditional model for the case seminar has not kept pace with evolving ideas about authority and knowledge in the psychoanalytic situation. The tension between our current ways of conceptualizing knowledge and authority in psychoanalysis, and the often unwitting idealization and constriction of knowledge and authority in the case seminar format, are explored. Following a review of the literature on the case seminar, three recommendations for change are discussed: (1) differentiation of the goals of the seminar from those of supervision; (2) reconsideration of the way in which the "failed case" is discussed; and (3) encouragement of the instructor to present clinical material.

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PREFACE

In the second year of my psychoanalytic training, I volunteered to present a case to a well-known psychoanalyst who had come to town to present a paper. I talked myself into doing the presentation by telling myself that I had better make the most of opportunities to present my work while still a candidate. Once I graduated and became an analyst, I thought, I would no longer be presenting. Of course, my wish to present was not based entirely on the notion that I had a limited life span as a presenter of clinical material; strong competitive wishes, my own exhibitionism, and simple ambition played their roles as well. Later, reflecting back on my assumption that graduated analysts do not routinely present their work, I was struck by the ease with which I accepted this curious state of affairs. How had I developed the idea that my life as a presenter of analytic material would end once my life as a graduated analyst began?

Until that point in my training, I had not heard any analyst present his or her work in depth. I had participated as a committee member in situations where it was extremely difficult to get anyone other than a candidate to present clinical material to a conference or workshop. The behavior modeled by graduated and senior analysts suggested to me that analysts discuss clinical material presented to them by someone else, but do not present their own work. Without realizing it, I had begun to identify with this idea and its complement, that presenting one's clinical material signaled one's status as still a candidate. I concluded that if I continued to present clinical material as an analyst, I might be indirectly communicating to my fellow analysts that I considered myself still in training and not yet an analyst.

As I thought more about what I believed was an implicit value system inherent in our training system's view of the presentation of clinical material, I began to feel this view to be at curious odds with much of what I had been learning of contemporary analytic thinking. Our current literature is redolent of the idea that the analyst is always exposing him- or herself, consciously and unconsciously, to

the patient, and linked to this idea is the fact that the analyst never knows anything for certain. Self-exposure, I was taught, goes with the analytic territory. Why, then, did there seem to be so little value placed on revealing one's actual work as an analyst, one's analytic self, once an analyst had graduated?

In the discussion to follow, I attempt to provide some initial answers to this question, based on a review of the clinical case seminar and our traditional approach to it as a training method, and on a discussion of knowledge and authority in analytic teaching and learning as they bear on the case seminar.

INTRODUCTION

In 1948, Balint published an article entitled "On the Psycho-Analytic Training System," in which he described the striking lack of attention given to training issues in the psychoanalytic literature. Balint noted that even when analytic conferences debated issues of training, reports of these discussions were not often written down or published.

One legacy of the historical situation Balint described may be the relative lack of change in the fundamental structure of analytic training. Institutes do change the content of their curricula and their graduation requirements, but for the most part, institutional educational formats remain primarily the same, typically consisting of a personal or training analysis, control work, theory, courses in technique, and the case seminar. In counterdistinction to this relatively unchanging structure in analytic education, there have been radical changes in our understanding of many aspects of the analytic process and the nature of the analytic relationship. In particular, one finds marked revisions in our understanding of authority and knowledge as they relate to the analytic situation. Over the past one hundred years, our ways of thinking about the authority and knowledge of the analyst, and the relationship of this authority and knowledge to the analytic process, have changed drastically (Aron 1991;

Cooper 1993; Ehrenberg 1992; Gill 1993; Mitchell 1992; Renik 1995; Schwaber 1983; Stolorow, unpublished).[1]

There are many differences between the analytic situation and the case seminar, and I do not intend to suggest an easy equivalence. Nonetheless, issues of authority and knowledge arise in both settings, creating tensions that each setting must manage effectively. Given the obvious benefits that have accrued to the analytic setting from a closer scrutiny of these matters, I suggest that similar benefits might result from turning our attention to examining the nature of authority and knowledge as they exist in analytic training, particularly in the case seminar. I am interested in the ways in which the traditional case seminar format might unwittingly limit the full range of analytic knowledge that the instructor can demonstrate, while also making it difficult for the candidate to exhibit his or her developing state of knowledge.

In the remarks to follow, I fully recognize that there are many case seminar models in practice, each sharing the difficulties I describe to a greater or lesser extent (and some perhaps not at all). While these problems may not be in evidence in all seminars or be experienced by all candidates and instructors, I believe that—based on informal discussion within my local analytic community, as well as the literature reviewed later in this paper—problematic features of the management of authority and knowledge between candidate and instructor are present frequently enough in case seminars to warrant closer consideration.

I believe that there is a benefit to describing the "traditional model," a model I think is recognizable to many, and certainly the model discussed and critiqued most often in the literature. My intention is to highlight the inevitable tension arising from participants' varying degrees of knowledge and authority and the sources from which each participant's knowledge and authority flow. Models other than the traditional one may be more effective in managing these tensions, but such alternatives have for the most part not

[1] See also the *Psychoanalytic Quarterly's* special issue on "Knowledge and Authority in the Psychoanalytic Relationship," 1996, Volume 65, Number 1.

made their way into our literature, and are therefore not readily available for examination. In the discussion to follow, I review the literature on the case seminar and suggest changes in its traditional format and content. Many of these suggested revisions may already be operative in some less traditional case seminar settings, but have not been reported in the literature. As is often the case, actual practice is probably ahead of written reports.

LITERATURE REVIEW

Prior to the establishment of the Berlin Psychoanalytic Institute, psychoanalytic training was not organized in any systematic way. Freud's lectures comprised the extent of written material available to those interested and motivated enough to piece together their own analytic education. According to Balint (1948), Abraham added the requirement for a control analysis to the curriculum of the Berlin Psychoanalytic Institute in 1920. Balint noted that the creation of the control seminar occurred soon afterward. Deutsch and Reich played important roles in establishing the first seminar. Once analytic training programs began to be systematically organized, the training model quickly became a tripartite system of personal or training analysis, control work, and classes on theory and technique.

The lack of literature pertaining to analytic training has been commented on by many (Balint 1948; Kernberg 1996; Kohut 1962; Loewald 1956). Within the literature that does exist with regard to training, only a fraction was written specifically about the seminar variously referred to as the control seminar, the case seminar, or the continuous case seminar.

The traditional case seminar format typically consists of a candidate's presenting clinical material from a control analysis, often verbatim, to the remaining candidates and the instructor, an experienced analyst. Most often, the instructor and candidates comment freely on the clinical material, there being no particular organization or structure to the discussion except what emerges from the discussion itself. Comments often focus on transference or countertransfer-

ence themes, defenses, characterological issues, and/or the analyst's interventions and issues of technique, depending upon what the participants see or hear in the material.

While this format has many benefits (the opportunity to express and hear many points of view on one's clinical work, the chance to learn from the clinical work of one's candidate colleagues, the manifest freedom to focus on any aspect of the clinical material, and so on), I believe that there are recognizable drawbacks as well. I will identify two kinds of problematic dynamics that the traditional case seminar format can engender: (1) idealization of the instructor's knowledge, and the related fear of humiliation; and (2) an emphasis on and search for correct technique versus the pursuit of creative thinking. When unattended to, I believe that these dynamics can complicate the productive management of knowledge and authority in the seminar.

It would be naive to assume that problems of idealization, fear of humiliation, and inhibited thinking can be attributed solely to the external structure of any case seminar. To be sure, all participants must contend with the particular transferences and personal feelings that this intense learning situation evokes. The analysis of these more internal, individual reactions is crucial to the development of any analyst. In this paper, I focus on external factors that contribute to an idealization of the instructor's knowledge, fear of humiliation, and inhibition of creative thinking, because I consider these external factors to be readily modifiable, and because I believe changes such as the ones I propose can help participants contain their internal experience while fostering a more productive learning environment.

Idealization and Fear of Humiliation

Webster's Dictionary (1973) defines authority as "an individual cited or appealed to as an expert" (p. 76). The word stems from the Latin *auctoritas,* meaning support, backing, or lead; *auctoritas* secondarily carries the political meaning of "sanction, especially by the

senate" *(Cassell's Latin and English Dictionary* [1987, p. 23]). With this latter meaning in mind, a seminar instructor can be seen as officially sanctioned by a psychoanalytic "senate" or institute as having analytic expertise, and as able to help others learn to practice analysis. Carrying out this sanction to teach analysis is the instructor's primary task in the seminar.

In the background, there typically lies a second task, that of evaluation. The evaluation of the candidate's learning in the seminar contributes to an institute committee's overall evaluation of the candidate's readiness to graduate. The candidate's task of learning analysis requires a willingness to undertake the personal risks (potential exposure and humiliation) involved in learning, while also meeting the requirements to graduate.

These two tasks may not always complement each other. The candidate needs sanctioning by the instructor, and ultimately by an institute committee, in order to graduate. In this way, the instructor holds power that can influence the candidate's advancement. The candidate has power as well, although it is often not explicitly recognized; such power stems from the candidate's evaluation of the instructor's competence and effectiveness in teaching analysis. These evaluations, both formal and informal, can influence an instructor's teaching tenure, requests for supervision, and the kind of regard in which the instructor is held by the wider institute community.

In addition to evaluative power, the instructor derives substantial authority from the reality of his or her knowledge and greater experience in doing analysis. Candidates have chosen to enter into analytic training in order to study a method and area of knowledge that they wish to learn in greater depth. Instructors have completed their formal analytic training, have experience practicing analysis, and have the benefit of additional years of scholarship, peer supervision, and consultation. This accumulated knowledge and experience deservedly adds to their expertise and authority as seminar instructors. Candidates are fully aware that they are beginning a process by which they hope to eventually acquire such expertise.

The dual aspects of the instructor's role (teaching and evaluation) pose problems for the seminar's learning atmosphere, since it is easy for participants to conflate the two, consciously and unconsciously. For candidates especially, this situation can pose a severe challenge. An open-minded, curiously questioning, creative approach to the clinical material, as well as to the dilemmas inherent in analytic technique, can seem to exist only in dialectical tension with pressure to adopt a degree of conformity in one's thinking—pressure that stems from the need for positive evaluations.

The instructor's challenge is daunting as well. With the increasing deconstruction of technical stances demonstrating that knowledge in the analytic setting is fraught with subjectivity and uncertainty, technique itself is under question. For many, technique is now understood to be highly context dependent, with analyst and patient essentially negotiating what is "correct technique" within each analytic dyad. How, then, does one "teach" what is increasingly viewed as an act of negotiation and creativity that is potentially inseparable from the intersubjective matrix of the analyst and analysand? Certainly, this teaching task warrants a different understanding of the authority and knowledge of the instructor, who must find a way to "teach" what is unique to each analytic couple, and then evaluate what has been learned by the candidate.

In the past, analysis has often resorted to authoritarianism (sanctioning one view as correct and labeling all others as renegade) in an effort to resolve the rich confusion of multiple viewpoints. This problem of authoritarianism in the case seminar can be seen in a published report from the second "Four Countries Conference," held in Budapest in 1937 (Bibring 1937; Landauer 1937). The report focused on training issues, and clearly reflected the heavy-handed, paternalistic training attitude of the times. Despite this prevailing authoritarian cultural and historical context, buried in the report were several voices speaking to the need for a different, less authoritarian attitude. Bibring (1937), for example, suggested the following: "How is it possible to control an analysis at all? The crucial point is that the control-analyst has much more experience than the candidate conducting the analysis" (p. 370).

In the same report, Landauer (1937) suggested that the case seminar instructor adopt a less authoritarian attitude, and elaborated his ideas about the goal of the seminar.

> The final result of control-analysis should be to provide a broader basis for intercourse between analysts. With this end in view the control-analyst must play the part of elder brother: the candidates are not his pupils, but his colleagues. The control-seminar should represent community of work with complete individual liberty. [p. 371]

These are beginning references to a significant issue in the case seminar: the consideration of experience and its relationship to authority and knowledge among the participants. Landauer and Bibring attempted to recognize that the greater authority of the instructor would be best worn as a collegial mantle, rather than as authoritarian attire—a sentiment closer to our current-day sensibilities. One has the sense that their attitude toward the seminar was one of welcoming candidate comrades into the fold of the profession, while trying to foster an atmosphere reflective of freedom and openness between the participants. Implied in their comments is a hint of the difficult task that the seminar instructor faces. The instructor's greater knowledge and experience are plain for all to see, yet he or she must find a way to manage this knowledge, as well as all the components of the authority of the instructor's role, in a manner that promotes the developing analytic identity of the candidate, who by comparison possesses lesser analytic knowledge and institute authority.

The challenge of respecting the knowledge candidates bring to their training, while simultaneously appreciating the limitations of that knowledge and of their experience, has been noted by others. In 1962, Kohut published a summary of a conference on analytic curriculum that included participation by institute members from New York, Boston, State University of New York, and Chicago. He reported that all participants benefited from discussing training issues with those outside their own institutes, ". . . as an antidote to the dangers of unrecognized provincialism" (p. 153). He made reference to the often unrecognized importance of the "analytic atmosphere"

of an institute, and specifically its potent effect on the entering candidate.

> Of critical importance is the institute's approach to the beginning student. A realistic attitude by the teachers, respecting the student's genuine knowledge but not supporting the pretense that our complex field is easily mastered, will further that slow growth which alone can lead to a mature acceptance of the science of psychoanalysis with its assets and limitations. [p. 155]

Here Kohut validated the knowledge and authority of entering candidates, while acknowledging the genuine contribution of experience, knowledge, and authority possessed by seasoned analysts. He appeared to try to walk the line between a training atmosphere that promotes idealization of candidates by overvaluing their knowledge, versus one that risks humiliation of candidates by failing to recognize the knowledge they bring with them to training. As for analysis as a field, he encouraged a "realistic" approach, appreciative of the contributions of analysis, while also recognizing the limitations of analytic knowledge.

Another feature of the instructor's authority in the traditional case seminar is his or her role as expert and outside commentator on the clinical work of the candidate presenting clinical material. In discussing supervision, Levenson (1982) described how this commentator position can contribute to an idealization of the supervisor's expertise and an unnecessary diminishing of the candidate's sense of competence. Levenson's ideas seem applicable to the case seminar as well. Levenson emphasized that the clinical material presented by the candidate can seem misleadingly clear and readily understandable to the seminar instructor listening to the case. Describing this artificial clarity, he commented: "It is extraordinarily out of synchronization with our own clinical experience, and is misleading to our [candidates], inasmuch as they are led to believe that when they 'grow up,' all will be clear to them too" (p. 2). For Levenson, the instructor's "clarity" transmits and invites an idealized view of analytic knowledge and authority.

Levenson's contribution clarified that the patient discussed in the seminar is one step removed from the actual patient as encountered by the candidate, because much of the experience of engaging the patient is not available to those listening to the case. Precisely because of this situation, the instructor can formulate, can offer thoughtful, clear advice, and can expound on the case in ways unavailable to the presenting candidate. Yet this "commented-on patient" is not the same patient whom the candidate is analyzing, but is rather, according to Levenson, representative of a class of patients whom the instructor has recognized. If this aspect of the case seminar goes unrecognized, the developing analyst may be prone to assume a position of undervaluing what he or she knows while in the midst of wrestling with what he or she does not know.

Failure to recognize that the "clarity" of the instructor's viewpoint derives, in part, from the instructor's position outside the analysis places seminar participants at risk for attributing a candidate's confusion or uncertainty solely to lack of experience. This may predispose the seminar's management of knowledge and authority to a certain kind of iatrogenic problem. There may be a tendency for the candidate to attribute the greater clarity of the instructor's position solely to accumulated knowledge and stature as a seasoned analyst, rather than, in part, to the instructor's privileged vantage point outside the analytic dyad. Might this false clarity and the related potential for idealization of the instructor's knowledge lead candidates to feel less inclined to come forward with what they do not know, out of fear of humiliation?

With this question in mind, it is interesting to note the repeated mention in the literature of candidates' sequestering their creative thinking, while simultaneously experiencing difficulty asking questions, for fear that they will open themselves to public humiliation for not knowing something (Berkman and Press 1993; Berman 2000; Bruzzone et al. 1985; Kernberg 1986, 1996, 2000; Reggiori 1995). Writing from their perspective as candidates, Berkman and Press (1993) described the difficulty candidates can experience in revealing what they would like to know and their learning needs in the seminar:

> As students, we need to accept some responsibility for the perpetuation of this conspiracy of silence about what we do and do not understand. Although it is always difficult to ask a question about a concept one assumes we already thoroughly understand, it is nonetheless imperative to keep the faculty informed about our level of comprehension; they have no other way of finding out. It has been our misperception to assume that an admission of ignorance is tantamount to a humiliation. [pp. 373-374]

In a candid manner, Berkman and Press pointed to a serious impediment to candidate learning: the conspiracy of silence that can inhibit candidates from asking questions about what they do not know or understand for fear of publicly humiliating themselves. These fears of humiliation may be linked to candidates' perceptions of a seminar's preferential valuation of certainty and knowing. If not openly addressed, this perceived valuation may have the effect of foreclosing questioning and the open exchange of ideas. In addition, such an atmosphere leads candidates to assume that there are correct and incorrect answers, and that successful candidates (that is, those who are positively evaluated) are the ones who learn the correct answers. Candidates may not maintain a curious, open learning stance because they come to believe that there is greater value placed on certainty and knowing. Such a conspiracy of silence puts the instructor at an immediate disadvantage, since as Berkman and Press correctly pointed out, he or she has no way of knowing about candidates' learning needs other than through information provided directly by the candidates.

An added factor that can contribute to the dynamic I have been describing is suggested by Brightman (1984). Brightman described a core affective issue in professional training: the student's experience of a sense of hopelessness and helplessness of ever becoming the professional that he or she aspires to be. These normative, developmental feelings of hopelessness and helplessness can leave the analytic candidate in a position that is ripe for idealization of the instructor's particular point of view, with a subsequent lowering of the candidate's self-esteem and self-perception as a devalued newcomer to the field.

The tendency to idealize the knowledge of the instructor can result in candidates' placing less value on what they can learn from and offer to each other. Reflecting on their own experiences in training, Bruzzone et al. (1985) stated that "our behavior was more akin to that of a baby who expects everything from an omniscient and idealized being, who at the same time feels totally incapable of thinking for itself or of generating valuable ideas" (p. 411). These authors proceeded to explain this puzzling developmental descent—which is in striking contrast to the level of maturity and competency they experienced in other personal and professional areas of their lives—by offering an internal, psychodynamic explanation. Noticeably absent in their discussion, however, was any consideration of the contribution of extrinsic factors operative in the seminar. They wondered whether they were projecting their dependencies and lack of skill onto each other.[2]

Can an instructor lead a seminar in the traditional format and still teach the inherent ambiguity and uncertainty of the clinical material presented by a candidate? To an extent, this is certainly possible; but I believe that the traditional format places inevitable limits on the instructor's ability to bring home this inherent ambiguity and uncertainty, and because of this limitation, the format interferes with the instructor's ability to provide a counterpoint to candidates' tendencies to idealize his or her particular point of view. I believe that the metamessage enacted by the traditional format (that the instructor has a privileged role in commenting on the clinical work of another because he or she has the correct understanding of the material) may speak louder than any words any particular instructor might speak in articulating a more humble view of the correctness of his or her formulations. The role relationships and power differential involved (commenting on a person's work without sharing one's own work, especially when it takes place in a setting complicated by concerns over evaluation) inevitably pulls for overvaluing the instructor's point of view.

[2] See also Slavin (1992) for a discussion of the startling regression in skill level sometimes seen in analytic candidates.

The instructor's open sharing of his or her own clinical material, complete with the tentative and evolving nature of the instructor's understanding, can serve as a powerful antidote to the unwelcome idealization of his or her knowledge. This process can be likened to what Renik (1995) described as the erosion of idealizing tendencies that occurs when analysts judiciously self-disclose. That is, instructors who do not present their own clinical material may risk idealization because they keep the limits of their knowledge anonymous. This may be why candidates' contributions to the literature so often reflect a feeling of humiliation at revealing what one does not know. Perhaps the traditional case seminar format does not sufficiently sanction or authorize uncertainty or not knowing, either for the candidate or for the instructor.

Correct Technique Versus Creative Thinking

Almost twenty years after the second "Four Countries Conference" in Budapest, there was mention of the search for correct technique and its effect on the case seminar in a panel report on psychoanalytic education (Loewald 1956). This report described a certain kind of judgmental attitude that can develop in some seminars, an attitude that "mistakes" or lack of correct technique indicate a failure to properly conduct an analysis. This attitude leads to a seminar climate centered around a standard of perfection and "doing it the right way." In Loewald's report, a panel participant, Bonnett, seemed to recommend that experienced faculty should present case material to candidates. There is no educational elaboration or rationale for this change. One can understand Bonnett's proposal as a way to protect inexperienced candidates from an uncomfortable public exposure of their lack of experience, and also as providing relief from a close and searching look at their mistakes. What remain unexplored are the factors operating in the seminar that make the discovery of "mistakes" a matter for vigilant surveillance. Yet it is precisely these unexplored factors that can work against a seminar participant's ability to think analytically. In addition, such an

environment can frame the learning goal as the attainment of perfection, or at the very least, of a seamless performance. Both instructor and candidate can then feel inordinate expectations to "razzle and dazzle 'em."

Another member of the panel on which Loewald (1956) reported, McLoughlin, endorsed the implementation of a case seminar for beginning candidates in which a training analyst presented case material. He reported that candidates found this experience extremely useful, but this report leaves us with many questions. As with Bonnett's recommendations, there is no explicit educational rationale given; we do not know why the candidates found this format useful. How did the learning atmosphere prosper from the faculty's sharing the risk of exposing their clinical work?

Gallahorn (1993) suggested that candidates are prone to be overly concerned with correct technique, and he believed that this overconcern stems from an adherence to technique derived from theoretical readings and supervision. To counter this tendency, he offered a specific pedagogical strategy intended to encourage candidates to develop a more open, exploratory attitude toward achieving analytic knowledge through discussion of the clinical presentation. Gallahorn explicitly advocated that instructors resist the position of omniscient authority implied by commenting on the "correctness" of the candidate's technique, and that they respond instead with "'This is what the analyst did in this particular situation. Let's see what happened in the analysis'" (p. 323).

Gallahorn clearly saw an instructor's evaluative comments on technique as creating a seminar climate in which a detrimental emphasis on "right" or "correct" analytic technique prevails. The thrust of Gallahorn's recommendations—that institutes should find formats for the case seminar that encourage discussion and open-ended inquiry—were aimed at eliciting curiosity and forestalling any tendency to come to closure.

Describing a similar case seminar problem, Kalsched (1995) stated that "a too rapid need for meaning can serve as a defense against meaning's emergence" (p. 107). Speaking to the same point, Berman (2000) stated that "the inner freedom and creativity of the ana-

lyst are crucial" (p. 43). Likewise, Brookes (1995) referred to the importance of a "symbolic attitude" in the instructor as a counter to the candidate's temptation to assume that there are correct answers to various clinical dilemmas. Left unchallenged, the belief in the existence of a correct technique, Brookes felt, has the detrimental effect of creating a "situation in which seminar members are obliged to compete with each other in a contest to see who is most 'correct'" (p. 120). These authors placed greater value on candidates' learning to think and to generate analytic ideas that open up areas for further exploration, as opposed to knowing, certainty, and the mastery of correct answers. In all these writers' views, a pedagogical attitude was seen as critical to the promotion of creative, flexible thinking in candidates.

In seminars where there is an implicit standard of perfection, or where an assumption of the existence of correct technique holds sway, an unfortunate consequence can be the dismissal of the presenting candidate's immediate experience of the analysis he or she is conducting. Adams-Silvan (1993) offered an interesting, more didactic model in which to address this issue. She argued that when the instructor does not present material, the tendency of candidates to devalue or minimize the importance of their inchoate responses to the analyses they conduct is bolstered. In a learning environment where the instructor does not present, it takes longer for candidates to get over the idea that they are not conducting a real analysis, like one's analyst does, or like the case seminar instructor does.

Adams-Silvan adopted an intentional teaching attitude toward the case seminar, which involves selecting a particular analytic skill —in her case, the tracking of the unconscious in the patient's associations—and then teaching this skill via demonstration. She found that such an approach allowed candidates to develop a conviction about the analytic process that is based upon their actual experience in the seminar. Specifically, she presented several consecutive sessions of her own patient's material. Copies of a verbatim transcript were handed out to candidates. She then went through the material, line by line, while inviting the group to suspend logic and

to play with their own associations to the data. While she initially worried about generating a "wild" experience, nothing of the kind in fact happened. Instead, she found that candidates began to gain confidence in their ability to remember material, to make important associative connections, and to use these connections in a creative way that was beneficial to their own learning.

Adams-Silvan firmly believed that promoting associative thinking in candidates requires a didactic setting that encourages and facilitates nonintellectual activity. This model of structuring the seminar could be easily translated for use with any theoretical orientation and its associated techniques. Paradoxically, explicit expectations and structure for the seminar may free the participants to experiment with their own ideas more readily. Such experimentation may ground candidates' learning in the conviction of their own experience and lessen their tendency to devalue themselves as neophytes. Gaining knowledge based on one's experience in the seminar seems to provide an important additional source of candidates' learning, and creates an antidote to the quest for correct technique.

Hanley (1996) expressed a similar idea in a special issue of the *Psychoanalytic Quarterly* devoted to the subject of knowledge and authority in psychoanalysis. He stated that "the recognition of the authority of experience liberates in us the capacity to test out beliefs that we have adopted on the authority of other persons" (p. 100). Perhaps the most crucial learning task of any candidate is sorting through what he or she thinks about various techniques, theories, and styles of analysis, and reconciling these thoughts with what is encountered experientially during the course of the candidate's own work. Yet the development of one's own analytic authority and style is dependent upon being able to be different from, as well as similar to, admired instructors, supervisors, and analysts. In part, this requires blending the knowledge that one gains from one's own experience with the knowledge one gains from others' experiences. As Hanley elaborated:

> It is a deeper dialectic that is alive in each of us in our struggle to harmonize the authority of persons to whom we owe

> much with the authority of the facts onto which we have the good fortune to stumble. [p. 100]

The underlying principle here is the important developmental step of trusting and authorizing one's own judgments about what one knows or does not know, even as one holds in positive regard significant authority figures or instructors who may have different views from the judgments one has made.

Although different in many respects, analogous issues have been raised with respect to the child's coming to terms with parental authority. Benjamin (1995) discussed the problem of developing one's own sense of authority while coming to terms with parental authority. From an intersubjective viewpoint, she framed her discussion of this process in terms of the interplay of identificatory love and mutual recognition. While Hanley (1996) stressed the importance of the child's identifying with and then individuating from parental authority, Benjamin's (1995) model stressed the importance of mutual identification between parent and child. In her model, not only is it important for the parent to recognize the child's experience, but also for the adult to feel a reciprocal identification and resonance with what it feels like to be at the child's developmental point. In this way, the parent/authority communicates a view of the child's future ideals as possible to achieve. Benjamin believed that this recognition and mutual identification enable the child to shift into "the project of self-governance" (p. 155), and that without this process of mutual identification, one "cannot be freed from the axis of submission and defiance" (p. 155).

Insights from these models may help us understand the learning process operating in the case seminar. It is important for candidates to develop confidence in making judgments and in generating ideas, and to refrain from negating this aspect of their analytic development by deferring to an instructor's knowledge. Benjamin's model provides an educational rationale for the numerous recommendations in the literature that the instructor present his or her own material to candidates. When instructors present their work, they offer candidates a learning model based on mutual identifica-

tion, strengthening the recognition of sameness and mutuality between all participants.

The recommendation that instructors present material has appeared repeatedly in the literature, yet has not become standard operating procedure in many seminars. Others have endorsed this same recommendation, specifically, that senior analysts present their clinical material to candidates (Arlow 1993; Gedo and Gehrie 1993; Kernberg 1986, 1996, 2000).

Spezzano's (1998) discussion of what he termed the "clinical triangle of judgment" (p. 365) offered an interesting way to consider this lack of implementation and its effect on the idealization of correct technique. According to Spezzano, the clinical triangle of judgment is formed by the analyst's commitment to help the patient in the most effective way he or she knows, based upon experience from within a particular analysis, together with the analyst's need for validation from the analytic community for being a "true" or "real" analyst. At times, the analyst can experience the cognitive dissonance of torn loyalties between technique that benefits the patient and technique that is part of a particular analytic school of thought to which the analyst holds a strong allegiance. Spezzano suggested that one way out of this bind is to form one's own personal integration, consisting of a variety of techniques derived from many different schools of thought. This personal integration is used in practice, while at the same time, the analyst maintains "a powerful emotional and intellectual commitment to the specific aims of a particular school of authors" (p. 385).

Perhaps one difficulty in changing the case seminar format to routinely include instructors' presentations of their own clinical material is a reluctance on the part of instructors to expose their personal integrations of technique as revealed in what one actually does as an analyst, because it may not jibe with allegiance to the school of thought the instructor publicly espouses. Likewise, the candidate's self-exposure can be viewed as complicated by the dual need to develop one's own personal integration of technique and to gain recognition as an analyst from the analytic community. Func-

tionally, the wider analytic community becomes those in the seminar listening to the clinical presentation. If the instructor presents clinical material, there is a potential for experiencing the discrepancy between what he or she really does as an analyst, versus what the instructor claims to believe as a member of a particular theoretical camp. Nevertheless, such an experience might have many educational benefits for all participants; for example, such an ambivalent situation could provide an antidote to the seminar's tendency to search for an idealized correct technique based on theory or supervision.

Spezzano (1998) reminded us that comparison between schools of analytic thought are comparisons between schools of analytic technique, and not of what analysts actually do in practice. He relied on Hamilton's (1996) survey to demonstrate this point. In interviewing British and American analysts, Hamilton found a surprising degree of variation of technique within each individual's practice, which often placed him or her outside the range of technique prescribed by the school of thought with which the analyst identified. Even though it is important for most analysts to establish an allegiance to a particular school of thought, and in this way become a member of a group of similarly minded people, Spezzano underlined the impossibility of reaching consensus at the level of technique.

If a case seminar is organized to include both the instructor's and candidates' presentations of material, and if discussion is based on the shared personal integrations of all the participants, deriving from the unique aspects of individual cases, there will be inevitable disagreement regarding technique. This would preclude the presence of a "correct" or "right" way. Such disagreements invite participants to struggle with the multitude of fashions in which each person has attempted to reconcile the difference between publicly espoused theory and actual analytic practice. Discussions like this might serve to sponsor tolerance, and thereby erode partisan rigidity, while encouraging greater clarity in understanding one's own personal integration.

SOME TEACHING RECOMMENDATIONS

I suggest several changes in the traditional case seminar format, based on the problems identified above. These changes are not intended to replace one model with yet another "more correct" one. I offer them instead in the spirit of experimentation, believing that a dialogue consisting of experimentation and feedback, cognizant of individuality in seminar settings, will encourage the evaluation of models that can be more flexibly adapted to participants' needs and stages of learning to be analysts.

Educational Versus Supervisory Goals

Case seminars can benefit from more explicit educational goals. Such goals might include assisting participants in the development and practice of aspects of analytic thinking, such as facilitating participants' capacities to recognize and track unconscious content. One could easily imagine any number of important areas of analytic mastery that could become the focus of a case seminar. Obviously, analysts of different theoretical orientations might select different aspects of analytic role functioning to highlight and to assist participants in their development. Educational goals could be established in keeping with the progressive developmental needs of candidates as they gain greater skill, ability, and confidence over the course of their training (Roiphe 1993). Explicit goals and a didactic structure may help seminars address candidates' tendencies to devalue their own knowledge base and learning needs while idealizing the instructor's knowledge, and may help counter the destructive and regressive group dynamics referred to in some candidate reports.

Suggesting to candidates that learning to do analysis is essentially the mastery of a set of complex, but nonetheless specifiable, skills and work attitudes—a suggestion inherent in the learning environment I am describing—establishes a tangible framework within which anxiety can be contained. The more mystical and therefore

idealizable aspects of becoming an analyst might be minimized. The process of learning to do analysis in the seminar then becomes a process not unlike learning any other complex set of skills: time-consuming and challenging, but with a relatively clear, discernible path. Embedded in the establishment of educational goals is also the communication of certain analytic group values. These values include maintaining a capacity for flexible thinking, and the ability to shift perspective and to constructively pursue one's ideas in a group.

I also suggest that the experience of presenting one's work to colleagues needs to be explicitly recognized as a central analytic activity, instead of remaining a ritual of training. Such self-exposure, the need for critical self-reflection, and the ability to decenter from one's own narcissistic investments are part of being an effective analyst. Common sense suggests that we ought to think about how to put the experience of presenting one's work as a candidate to the best use in developing these crucial analytic skills. An explicit goal of the seminar could become the development of greater comfort in exposing one's work, as well as greater versatility in decentering from one's point of view. If the emphasis were placed on learning to adopt multiple points of view, and trying on various aspects of technique for size and fit, an unintended dogmatism might be discouraged, together with the climate of searching for correct technique that can invade some discussions of clinical material. The case seminar can then become an educational setting in which to practice the self-exposing, self-reflecting, and decentering aspects of analytic role functioning.

If the primary focus of the seminar is the accomplishment of specific educational goals, greater emphasis is placed upon the seminar participants' practicing and developing particular analytic skills and values, rather than a heavy emphasis on patient care. If the instructor is relieved of responsibility for monitoring the case, he or she gains increased freedom to focus on educational goals, as well as greater latitude about how to pursue these goals. This also helps differentiate the focus of the seminar from that of supervision.

Failed Cases

When the opportunity arises, discussion of a failed case affords the case seminar instructor the chance to directly confront the tendency to idealize psychoanalytic knowledge and the issue of correct technique in the seminar. Seminar instructors should encourage a searching, open-minded, and critical examination of those analytic experiences typically viewed as failed cases.

The literature provides, I think, an important perspective on the phenomenon of failed cases. Glick et al. (1996) cited a small study conducted at Columbia University, suggesting that roughly thirty percent of all candidates' control cases fail. This statistic translates into the likelihood that many candidates will experience a failed case, meaning that the chances of any given seminar hearing a candidate present a case that is about to fail or has failed are very high. Failed cases are not anomalies of training, but expectable happenings. Yet the atmosphere in a case seminar is often one of embarrassment, deep shame, or humiliation when the candidate "fails" to conduct a "successful analysis."

Frequently, the failure is treated as though it were a complete surprise, but Dorpat (1993) suggested that there is often little to be surprised about. He believed that candidates' failed cases are for the most part due to errors in management of the analytic frame, and he argued for more stringent faculty and supervisory activity to protect candidates from such experiences. This position communicates a blaming and infantilizing tone, even if the content of Dorpat's view may be accurate in some cases. There is an implied assumption here that, had the analysis been conducted correctly, the patient would have stayed in treatment. Yet this is surely not always the case, and there are many factors besides the candidate's competence that need to be considered whenever a patient decides to end analysis "prematurely." Dorpat, in failing to recognize the complexity of factors influencing the premature termination of a control analysis, portrayed an idealized view of analysis; he assumed that an analyst with greater skill (more correct technique) would have kept the patient in treatment. In addition, Dorpat did not ad-

dress the fact that there may be something important to understand about analytic work that can only be learned by living through a failed case.

The term *failed case* in itself casts these rather common treatment endings in an evaluative and negative light. As a step toward lessening this pejorative attitude, I propose use of the phrase *cases that end prematurely from the analyst's point of view* [3] as a substitute for *failed cases*. Although this is a cumbersome phrase, I believe it does more justice to, and better captures, the complexity of the clinical situation. A deeper and more open exploration in the case seminar of the clinical reality of such cases would enhance the educational yield for candidates and minimize the tendency to idealize analysis. Such an examination also opens up important but difficult questions about the goals of analysis, freedom and autonomy, analyzability, and therapeutic outcome. This might create a more explicit and realistic view of analysis as a method that helps some people, but "is not everyone's cup of tea."

If we uncritically label an analytic experience as a failed case, we promote an analytic and educational norm that makes it very hard to be open and straightforward about the limitations of our method and its applicability to our patients. We risk communicating to those in training that success is equated with patients' accepting analysis and staying in analysis. Yet as analysts, we do not assess the value of a treatment only on certain external and behavioral manifestations of the patient's participation. Failure to challenge the label *failed case* and the underlying assumptions about what constitutes an analysis can have the effect of closing down, rather than opening up, discussion of the varied ways in which seminar participants define a viable analytic process. Incorporating the topic of analyses that end prematurely from the analyst's point of view into the case seminar also encourages participants to consider the inevitable limits of analytic knowledge and authority. Such discussion carries the potential to initiate a realistic and fruitful examination of the limitations of the analyst, of the patient, and/or of the analytic method.

[3] The author would like to thank Susan Rowley, Ph.D., for this new term.

Instructors' Presentations of Case Material

I urge that we implement the frequently made recommendation that instructors present case material in seminars. There are several educational benefits to be derived from this change in format. First, it provides a powerful model of self-exposure and self-reflection. The analyst gains the opportunity to demonstrate firsthand a particular form of recursive thinking, while doing what Schon (1983) termed "reflection-in-action" (p. 49), an activity central to the professional practice of analysis. Second, such presentation demystifies the analytic process by making the technical decisions and thought processes of the experienced analyst tangible and palpable. Third, this change in format could offer seminar participants a different perspective on the instructor's authority and knowledge by grounding them in the ability to expose one's work, to reflect on it, and to tolerate confusion and uncertainty.

The instructor's willingness to talk about his or her own work and present relevant clinical material could help minimize the nonproductive idealizing tendency of candidates and shift the candidate into the role of an active, outside commentator on the work of a more senior analyst. This change in position might provide the candidate with a different experience of the instructor's knowledge and authority, as well as his or her own. The change in role relationship might also help combat the candidate's becoming misled by the confusion of levels of abstraction that Levenson (1982) discussed.

In my view, an instructor's willingness to present his or her own clinical material does not deauthorize the instructor as an expert, but augments the ability to demonstrate his or her knowledge. Such a strategy enriches the opportunity for candidates to learn through the process of mutual identification. The instructor gains increased flexibility to discuss the clinical or technical issues at hand, because it is his or her own material, and the instructor can speak with greater conviction from inside the process of the analysis. This might promote a more relaxed and open learning atmosphere, in which certain issues in the conducting of an analysis, which are otherwise difficult to discuss, can be brought to center

stage without worry. Most important, when an instructor elects to present his or her own clinical material, a linkage between authority, self-exposure, and self-reflection is implied. The instructor models the belief that analytic authority, self-reflection, and the willingness to expose one's work (really, one's analytic "self") are interconnected, each informing and supporting the other. Candidates could observe that even a seasoned analyst does not always "know," but is constantly generating possible ways of understanding, none of which can be considered the final word in the analysis.

SUMMARY

A very old and very wise case seminar instructor introduced me to the task at hand in the following manner. He asked that the clinical material be presented with no interruptions. He then asked that the presenter read the material a second time. During this second reading, the class, of which I was a member, was free to interrupt with comments. The instructor warned that the presenter should expect to feel criticized, no matter what was said or not said by the rest of us. This feeling of being criticized, he explained, simply went along with the act of exposing one's work. In his astute way, this instructor anticipated the inevitable narcissistic injury involved in exposure of one's own clinical work. By highlighting such injury as inevitable, he forewarned us of it, thereby enabling us to make ready for this intensely personal aspect of psychoanalytic education.

While I endorse this sensitive but frank approach to the inherent risks of self-exposure during analytic education, I also think it is important to address aspects of the seminar experience that might unnecessarily contribute to the risks of exposing oneself, thereby negatively affecting the learning environment. If feeling criticized inevitably accompanies self-exposure in a case seminar, then it becomes important to structure the external aspects of the seminar (the educational format) so as to maximize the educational gains and help the participants contend with the narcissistic risks involved. This does not remove responsibility from seminar par-

ticipants to constructively manage and to analyze their internal experiences, but only assists them in doing so. I recommend these changes in the spirit of developing case seminar models that strengthen the educational value of exposure for the candidate and strengthen the pedagogical value of exposure for the instructor. This strengthening could allow for a more useful definition of psychoanalytic knowledge and authority in the case seminar.

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TEACHING WITH TAPE-RECORDED PSYCHOANALYSIS

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The pedagogic advantages of the study of psychoanalytic process with the help of tape-recorded psychoanalytic sessions is described, with some reference to others' experiences with recording drawn from the literature. Illustration is provided through reference to the reactions of fourth- and fifth-year psychoanalytic candidates to such samplings of one patient's recorded analysis.

AN EXPERIMENT IN TEACHING WITH AUDIOTAPES

In the early part of this decade, the curriculum at the Psychoanalytic Institute of New York University Medical Center included an effort to study psychoanalytic process with the aid of audio-recorded analytic treatment sessions. The audiotapes were provided by the Psychoanalytic Research Consortium from a library of tape-recorded analyses housed at the Menninger Foundation. The tapes were accompanied by typescripts, and both tapes and typescripts had been "sanitized" to preserve the anonymity of patients and analysts by bleeping out all proper names.

These analyses were conducted by experienced senior analysts, usually at some location geographically distant from the seminar and some years removed from the present day. All these measures were in keeping with the assurances offered to the analysands, all of whom had voluntarily agreed to the tape recording of their analyses.

The faculty and first-year psychoanalytic candidates who participated in that early trial of this pedagogic innovation experienced a wonderful opportunity. Prior to beginning their first supervised cases—when most candidates have only their own experience as analysands to be guided by—this group had a view of an analysis conducted by an experienced analyst, whose work they could examine pretty much without restraint. Faculty and candidates were sufficiently impressed with the special values of this approach to assemble a comprehensive report (Karp et al. 1993).

USE OF AUDIOTAPES IN PSYCHOANALYTIC CASE SEMINARS

The taped analyses were especially enlivening in regard to the difference in atmosphere from that experienced in the more traditional case seminar, customarily offered in one of two formats: In the first, a candidate reports details of a treatment as a sequential process summary. It is to be hoped that the candidate can answer the group's questions, augmenting the narrative with at least some of the analyst's private reflections that were *not* part of reported dialogue.[1] When a candidate is disclosing his or her work to classmates, further difficulty occurs with respect to the learning experience, in that inescapable identifications with the reporter introduce a constricting influence on freedom to question and criticize.

The second case seminar format, employed with increasing frequency by institutes, is to expose beginning candidates to process

[1] The importance of the latter omission was recognized early on by Freud, who ventured the following judgment in a 1923 letter to Andreas-Salome:

> It is one of the special advantages of analysis that it scarcely admits of calling in a second opinion. The temporary guest sees nothing which his host does not show him, and generally speaking can form no judgment comparable to what the latter has been able to put together on the basis of countless *imponderabilia*. And so I do not trust myself to be able to tell you anything useful about the case you described . . . [p. 121]

reports from the work of faculty members. This approach has certain advantages over process studied solely from the work of uneasy beginners (feeling, as they so often do, that they belong *on* the couch, rather than behind it). But it does not eliminate the problems of condensation and of retrospective editing of the narrative by the faculty reporter. Although this second format places a faculty analyst at center stage, to be questioned and possibly criticized, problems can ensue because such an analyst may have a greater issue of self-esteem at stake than does the novice. Additionally, since the participating seminar candidates are all undergoing analysis with colleagues of the faculty reporter, it is impossible to ignore transference displacements likely to restrict discussion.

These typical case seminars labor with the burden of a tremendous degree of condensation and rearrangement of emphases that any retrospective reporter inescapably introduces. Dahl (1991) reported that the "average" analytic hour involves an exchange of approximately five thousand words, which translates to a typescript of twenty double-spaced pages. For a five-session analytic week, that typescript totals some one hundred double-spaced pages. The analyst reporting a week's work must therefore condense a hundred pages into a presentation that allows time for questions and discussion, all within the compass of a ninety-minute seminar! Is this pedagogically useful? Is it even feasible? Ultimately, one must regard the seminar material as a narrative *drawn from, and inescapably edited from,* the collaboration of patient and analyst.

AUDIOTAPES VERSUS PROCESS NOTES

Wallerstein and Sampson (1971), in their review of various issues in research, discussed the relative merits of audio-recorded material versus process notes. Allowing that in certain contexts, process notes can be useful, permitting compression of material and the possibility to include the *analyst's* unarticulated affects and associations, they concluded that, nonetheless, "process notes continue to be a biased sampling of the universe of events which interest us" (p. 21).

In contrast, with recorded material, one hears all the words, all the silences and the communicative rhythm shaped by them, affects conveyed by sounds (e.g., sighs, giggles, snickers, weeping), as well as the emotional intensities accompanying the articulation of words. Candidates who heard audiotaped sessions remarked that listening allowed them to follow shifts in affect that are lost in the usual case presentation. They were in a position to *experience* the silences—rather different from just having them enumerated. One candidate commented that listening to an entire uninterrupted session was like actually being in the consulting room.

With tape-recorded material, the experience of the analytic hour is *mostly* all there. I write *mostly* because still excluded are nonverbal communicative cues, such as postures and gross motor movements, fidgeting, eye closure, playing with eyeglasses, as well as autonomic responses, like blushing and silent tears. Some of the latter may be included in a reporter's account, although it is impressive to note how many analysts place their chairs in positions from which it is impossible to get a view of the patient's face and more subtle movements.

Even more to the point, in recorded material, one gets a clearer sense of what the analyst's response to the patient actually was, since the retrospective revisions of "what I told the patient" are excluded. Of course, the analyst's unverbalized reactions to the patient are still not available. Except in those rare instances when a reporting analyst has made notes of his or her private associations to the patient's communication—reflections *not* shared with the patient, and so not part of the recording—we are obliged to pursue our study of the process ignorant of an important, unrecorded dimension. It remains the case that if one desires the most freely ranging inquiry and discussion, however, one must have the raw data from an analyst who is *not* present in the seminar room. We are unlikely ever to have a videotaped analysis to study because the difficulty in protecting participants' anonymity appears insuperable.

I emphasize that tape-recorded analytic material offers candidates the opportunity to view the work of *experienced practitioners*. This does not occur in any institute, to my awareness, at the present time.

Although demonstration of the use of tape-recorded material has been offered to various institutes—at New York University, the New York Institute, Denver, and Western New England, for instance—there has not yet been a regular curriculum course for candidates organized to examine an entire analysis with numerous samplings.[2] Such a course is among the changes in psychoanalytic education recommended by Thoma and Kächele (1999).

An objection has been raised that the presence of a recording machine in the psychoanalytic work space will necessarily have a dynamic impact on both members of the dyad. Those who have recorded analyses report that the recording *does* stimulate analysand associations of various kinds early in the work, but that in time it loses its manifest intrusiveness (Waldron 2001). Nonetheless, it is to my mind not possible to believe that the recording has *no* dynamic impact.

In the literature, researchers who have employed audio-recorded analyses for investigation (Gill et al. 1968; Gill and Hoffman 1982; Haggard, Hiken, and Isaacs 1965; Simon et al. 1970; Wallerstein and Sampson 1971) have discussed the impact of the recording on both participants. Among the remarks in the Haggard, Hiken, and Isaacs survey of audio-recorded analyses are the following:

> First, the therapists who have conducted interviews or therapy in a research setting characteristically experience anxiety, especially at first, and their stated concern usually centers around questions of their professional competence and others' evaluation of it. Second, the patients usually tend to be less disturbed than the therapist and, more often than not, appear to adapt more easily and quickly to the research context than the therapists do . . . [1965, pp. 170-171]

[2] The American Psychoanalytic Foundation has awarded a grant to the Psychoanalytic Research Consortium to assist in offering selections of audiotaped material from its library to all institutes of the American Psychoanalytic Association. (A catalogue containing brief descriptions of the cases offered may be obtained from the Psychoanalytic Research Consortium, c/o Dr. Sherwood Waldron, 1235 Park Avenue, New York, New York, 10128.)

Although this essay is thirty-six years old, its treatment of the controversial introduction of a recording instrument is extensive and very thoughtful. The above quotation speaks to the fact that the tape-recording analyst has departed from his or her usual milieu of comfortable privacy and has "gone public." Such a return to the format of a supervisory experience is not uniformly congenial for us, who were immersed in such settings for many candidate years.

Our main concern, however, is whether the treatment conducted with tape recording constitutes a psychoanalytic collaboration that repays careful and detailed study, as I maintain. Regarding this question, Haggard, Hiken, and Isaacs offered a succinct assertion:

> It is obvious that the recording of any therapy will have an effect upon it. But the important question is not *would the therapy have been exactly the same if there had been no recording?* But is rather, *did this particular therapy, even though recorded, possess these components—free association, transference, interpretation, and so on—which characterize and must occur in psychoanalytic therapy?* In terms of the latter definition, there is good evidence that at least some therapies which are conducted under research conditions qualify as bona fide psychoanalytic therapy . . . [1965, pp. 172-173]

AN EXAMPLE OF AUDIOTAPE USAGE IN A CASE SEMINAR

I offer next an account of a brief seminar in which a group of fourth- and fifth-year candidates—not beginners, this time—met with two instructors, myself included. We reviewed five sessions scattered throughout an analytic treatment that lasted some two years, at which point the patient interrupted. The individual seminar sessions were long enough to permit listening to each entire analytic hour, with a typescript to aid comprehension when pronunciation of words may not have been crystal clear. After this comprehensive review, we still had time for discussion.

The patient, a housewife and mother in her thirties, had sought treatment because of a serious agoraphobia. The treating analyst

was thoroughly experienced and had substantial research interest. We began by studying the fourth hour of treatment, in which we noted that the analyst had made numerous reassuring remarks, as well as others of an explanatory, educative nature. The candidates wondered why he did that, rather than inquiring about ambiguities in what the patient was saying. We then had the opportunity to reflect on the fact that the patient was a very naive, frightened woman, with no prior psychological treatment experience, who signaled her anxiety through giggles and exceptional compliance. She reported in that session a dream in which she was sternly criticized by her parents. The candidates could then appreciate that much more was going on than the words exchanged—that the patient was very anxious, and that the top priority *at that point* was to help her settle down and begin the work, but not yet to address the resistance of verbal ambiguity.

The candidates expressed their feeling that the tape recording was intrusive, even though the patient was in agreement that it be done. They were struck by how much the analyst spoke, and ventured that by saying so much, he must have influenced what followed.

The next hour studied took place a year later in the analysis. In this session, the patient was concerned with her daughter's pending minor surgery, as well as all the resonances of this current event in the patient's personal history. The analyst, however, was focused on the transference and related fantasies. The class considered that he was not joining the patient at the point *where she was,* and was uninterested in important associations. Yet the patient was able to help the analyst correct his stance and join her in considering her anxious concerns. This led to a most fruitful consideration with the class of the influence upon the analytic work of the analyst's having his own private agenda—even to the point of omitting any reference to the patient's remarks about "an old doctor who doesn't do right by his patient."

We then moved to a later session from the second year of the analysis. The candidates were impressed that the patient exuberantly reported a business achievement, which the analyst disregarded;

rather, he sought to approach the patient's discomfort about speaking of sexual matters with him. In this context, he energetically proffered an interpretation beyond her readiness, which achieved little. The candidates followed the evident affects more closely than had the analyst, who appeared to have responded more to the patient's actual spoken words, rather than to her prominent affect, reflective of her serious disrespect for herself. The analyst seemed to be "dragging the transference in by the heels," an inescapable observation, given a full account of the session.

Very close to the point of the patient's interruption was a session to which she arrived late, and the analyst became angered at her lateness. He did not explore with her the resistance aspect of her tardiness, but rather challenged her as to whether she wished to be in analysis at all. He did not seem interested in her transference fantasy of him as an angry father who yelled and hit.

The concluding session reviewed by the class was the one in which the patient announced her decision to interrupt the treatment. The class was saddened, but not surprised. From the material that had been studied, they believed the patient to be more workable analytically than her analyst had helped her to be.

This summary of how a seminar can unfold when the group has the advantage of the material of the analytic interaction *in extenso* suffers somewhat from my having assembled the notes on the seminar sessions somewhat afterward. I hope, however, to have conveyed enough to illustrate the powerful pedagogic assistance derived from having the raw data available.

CONCLUSION

The work of our own research group[3] initially focused on recorded material, with the question of whether we could consensually

[3] In addition to the author, the research group has included Drs. Anna Burton, James Crouse, Marianne Goldberger, David Hurst, Robert Scharf, and Sherwood Waldron.

identify an ongoing psychoanalytic process or its absence. If absent, could we discern factors in the material that were persuasively responsible for the deficit? We discovered that we could do both. These experiences were for us so instructive that we strongly recommend offering them to enhance the clinical education of candidates.

Reviewing the anonymous raw analytic data provides a setting for the study of psychoanalytic process that may be, in many respects, the best available at the present time. It has been likened by one colleague to a dream-as-dreamt, before secondary revision has set in.

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BOOK REVIEWS

SEDUCTION, SURRENDER, AND TRANSFORMATION: EMOTIONAL ENGAGEMENT IN THE ANALYTIC PROCESS. By Karen J. Maroda. Hillsdale, NJ: Analytic Press, 1999. 208 pp.

In this book, Maroda addresses countertransference, the therapeutic action of psychoanalysis, the two-person system, and the necessary presence of emotion in analysis to produce change. Whether or not the reader agrees with her position, her presentation is erudite, thoughtful, enthusiastic, well referenced, respectful, and balanced. She states that a psychoanalysis/psychotherapy must be a powerful and deeply felt experience by both patient and analyst; however, it is asymmetrically mutual. Both must acknowledge that they want something of the other and must work out the give and take of an intimate relationship. Both are *seducers and seduced*. Both parties must *surrender* their defensiveness, while experiencing and revealing their emotions and thoughts. It is through this emotional sharing that change/*transformation* occurs. Separate chapters focus on affect development, projective identification, enactments, self-disclosure, and limited physical contact between patient and analyst.

As psychoanalysis has developed over the last century, we have become increasingly aware of the complexity of the unconscious and the concept of countertransference. Maroda's emphasis is on an increasing awareness of the analyst's countertransference, noting that it is a measure of the analyst's involvement. Maintaining such awareness is not a simple task. At one point, Maroda lists several reasons why therapists are unwilling to lower their defenses and experience more emotional reactions toward their patients. These factors include a reluctance to question what we have been taught, the amount of energy required, the discomfort of experiencing intense emotions, the fear of loss of control, and the fear of rejection by our patients and our

peers when we reveal ourselves. She advocates the mutuality of the analytic process and the role of the analyst as participant rather than observer.

Maroda discusses the development of affect theory, Krystal's work on the alexithymic patient, and McDougal's on the somatic patient. She emphasizes the crucial importance of an emotional and verbal acknowledgment of both the patient and the therapist's emotional reaction. Patients with problems such as these need mutual, emotionally and verbally shared relational experiences; their needs are similar to the developmental ones of the infant and young child. She notes that only after an emotional experience can intellectual insight and integration occur. The patient must witness the therapist's emotional reaction in order for change/transformation to take place.

I agree with Maroda that emotion must be a vivid component of therapy, and that it precedes intellectual integration. With our more traumatized, defended patients, the author believes that we must be even more clear and verbal. It is here that some confusion arises in the book, since earlier, Maroda states that she is discussing traumatized, alexithymic patients, or those who use projective identification as a major defense and who are not ready for verbal interpretation. She refers to patients who are not neurotic and are being seen less frequently than would be the case in traditional analysis. At later points in the book, however, she seems to be widening the scope of patients for whom she recommends disclosure. I suspect that her answer to whether or not self-disclosure is advisable with a particular patient would be "yes and no" or "that depends." On careful reading, one learns that she does not propose new, inflexible rules, but frees therapists to feel and think more clearly on a case-by-case basis.

Earlier in the book, the author states that enactments are a goal in therapy/analysis. Later, in her chapter addressing enactments, she does not make such a strong statement, but recognizes the inevitability of enactments. Her point is that an intellectual interpretation of the patient's dynamics would avoid the crucial emotional aspect of the patient and therapist's relationship. Still later in the book, she comments that a therapist can have emotional reactions to the patient and make a nonintellectualized interpretation, may then see an

emotional response on the part of the patient, and can expand the interaction toward further analytic discovery.

Self-revelation is discussed at various points in the book. In acknowledging the complexity of self-disclosure, Maroda states that "The reader may be under the impression that, in spite of my warnings regarding countertransference dominance, I advocate free expression on the part of the analyst. This is both true and untrue" (p. 137). With certain patients, at certain times, after reflection and self-analysis, she does advocate revealing emotion to a patient. This expression of emotion may be as subtle as the therapist's being silent. The author lists other important criteria for such revelation, warning that self-disclosure can become a "tendency of some therapists to indulge themselves at the patient's expense" (p. 137). She makes a clear distinction between the analyst's experiencing "strong, even overwhelming affect" that is unconscious and therefore "completely out of the analyst's control" (p. 137), and the analyst's conscious behavior and maintenance of control.

Mutuality includes both the patient's and the analyst's attempting to break down each other's defenses. Both want something of the other. Both need to show emotion and to be verbally vulnerable as they emotionally surrender. Mutuality is asymmetrical in psychoanalysis. Emotional honesty does not mean that the therapist shares the same feelings with the patient, or that the therapist indiscriminately shares his or her emotional reactions with the patient. A patient may express love for the therapist, and may generate anger from him or her, while at the same time being unable to express his or her own anger and hatred.

Maroda relates a vignette from her own analysis, demonstrating the difficulty her analyst had had in getting angry at the author's verbal attacks. She felt it would have been helpful if her analyst had told her to "back off," rather than becoming cold and distant or making sadistic interpretations. I agree with Maroda that coldness, distance, and sadism expressed in interpretations are not ideal, and represent evidence of enactment. I wonder if her analyst was acting in a way that felt comfortable to her and which she thought was in Maroda's best interest. This situation may have been similar to the self and

patient analysis that Maroda describes having conducted with another patient, Susan, regarding issues of physical contact. Our field is so complex that there may be multiple correct decisions or interpretations that also miss or interfere with other issues. When there is an impasse and a more traditional interpretation is unsuccessful, it is time to examine our countertransference and to reassess the patient's transference. Peer supervision has its place when we are faced with these difficult dilemmas.

The author discusses the patient's wish to have legitimate power over the therapist—to know that he or she has an emotional impact on the therapist. "Our patients wish to know us, penetrate us and transform us to the same degree they wish to be known, penetrated and be transformed. They also fear all these possibilities" (p. 49). In more traditional analyses with neurotic patients, the analyst's voice inflection, choice of words, and body posture communicate the analyst's emotional involvement. With the alexithymic or personality-disordered patient, who is more defended and seen less frequently, it is even more essential that the therapist communicate emotionally and verbally his or her responses to the patient. Maroda warns against indiscriminate self-disclosure, outlining several guidelines. She feels that self-disclosure should be at the direct behest of the patient, occurring only when the therapist can express him- or herself constructively, and that it should focus on the emotional reaction of the therapist to the patient. In some situations, the most minimal revelation of factual information about the therapist is unavoidable. She also cautions against boundary violations, mentioning that those therapists who are least aware of their countertransference, and who deny their feelings about patients, are the most likely to violate patient boundaries.

Also mentioned is the analyst's wish to have influence on the patient. To be a participant-analyst increases our vulnerability and emotional state. Both analyst and patient are pulled between the desire for isolation and for a relationship, between autonomy and mutuality.

In discussing seduction, Maroda notes the difficulties therapists have in acknowledging their countertransference, frequently hiding behind intellectual theories. We have avoided acknowledging that

our patients have power over us, but we consciously and unconsciously react to that power. In discussing the mutually seductive aspects of a three-times-a-week psychotherapy with her patient Diane, the author notes her wishes to be important to the patient, as well as the patient's need to deny the therapist's importance. Maroda was able to recognize her wish to be important to Diane, and when she emotionally conveyed the patient's ability to frustrate and anger her, Diane emotionally grasped her ability to reach the therapist. Earlier, the patient had expressed the belief that she had never influenced anyone, and that it was better to be alone than to be intruded upon. Diane's need to give the therapist little or no gratification, as well as her fear of being controlled, could then be worked through.

In presenting her patient Susan, the author further illustrates her theoretical and technical points. Susan had been verbally and physically assaulted as a child: she had been thrown into a dark, cold basement overnight, frequently driven to an orphanage and made to get out of the car, and eventually sent away to school. In her therapy, Susan would engage in prolonged disagreements and power struggles, and complained that the analyst did not meet her needs.

The following vignette from Susan's treatment illustrates an enactment, as well as the importance of emotion in patient–therapist interactions and self-disclosure. At one point, the analyst suggested that the patient might do better to see another practitioner. Both patient and analyst recognized that the analyst wanted to get rid of Susan; the analyst acknowledged this, sharing her feelings and thoughts with the patient. Both realized that they had reenacted Susan's parents' having sent her away to school. Maroda recognizes that her countertransference momentarily got the better of her when she recommended that Susan see another therapist. However, she quickly recovered her position when she explained that she both did and did not want to get rid of the patient. In this way, she was both the same as and different than the patient's parents. Maroda felt that an intellectual interpretation at such a time—"You must imagine that I want to get rid of you," for example—would have been sterile. As the analyst stepped out of the enactment, both parties were able to integrate and explore the present and the past. An

analytic process clearly continued after the enactment and disclosure occurred.

In this vignette, both parties recognized a repetition of the past. Emotions were certainly high: transference and countertransference feelings and attitudes rose close to the surface, and most therapists would be looking carefully at analytic participants. The experience was both an emotional and intellectual one. Neutrality was still operative, in that the therapist's main concern was to intervene in a manner that would be therapeutically helpful for the patient. Are we anonymous? Yes and no! Of course, our patients become aware that we are angry or frustrated by the tone of our voices, the words we choose, or even the fact that we comment at particular times or that we withdraw in silence. Not all these possible responses are potentially therapeutic.

In the chapter on physical contact, the author remarks on the paucity of clinical material in the literature. She reviews Ferenczi's treatment of R.N. as an example of masochistic surrender on the part of the analyst. She also reviews Winnicott's treatment of Margaret Little, Little's work with delusional patients, and Searles's work with psychotics, as well as the writings of Casement, Stewart, Gabbard, Goodman, and Teicher, concluding with McLaughlin's work. She then revisits her work with her patient Susan. At one point, when Susan was gasping for air and had a look of terror in her eyes, Maroda sat beside her, placing her hand on Susan's shoulder. This and what followed appeared to help the analysis to continue. Later in her treatment, Susan became demanding of physical contact, and Maroda decided to refuse to gratify this wish, but instead to analyze its meanings. The patient continued to improve. The author describes her reasoning for these decisions, and tries to help the reader develop individualized guidelines through a description of her own therapeutic decisions. I appreciate her willingness to share her clinical material and her thoughts on this issue.

I will close with a life vignette of my own. When I was in college, I took a hike along the Appalachian Trail with several close friends. After walking along a rocky ridge with little shelter from the sun, we descended through the woods and suddenly came upon the

aptly named "Surprise Lake." It looked beautiful and refreshing. The water, however, had a reddish tinge, and the shoreline was ringed with sharp rocks. One had to enter the water carefully and overcome one's concern about what else might be swimming there. It was a wonderful swim, but caution was advised, and it was important to have a trusted companion present. I would make the same recommendations about self-disclosure in psychoanalysis: if ever there was a place for self-analysis and peer supervision with a trusted and knowledgeable colleague, this is it.

ERNEST BRAASCH (DURHAM, NC)

PSYCHOANALYTIC PARTICIPATION: ACTION, INTERACTION, AND INTEGRATION. By Kenneth A. Frank, Ph.D. Hillsdale, NJ/London: Analytic Press, 1999. 298 pp.

A long journey, which the author began in 1985, launched this book of eleven chapters, describing a participatory conceptualization of psychoanalysis. The landmark event for the author was his training in cognitive therapy and its successful application to a patient with a bridge phobia. Frank concluded that an actively participating therapist is able to achieve a cure. Since then, several influences have encouraged him as he has developed this approach to analytic therapy, including Stephen Mitchell's 1988 book, *Relational Concepts in Psychoanalysis;* the integrative theories of Paul Wachtel; the professional setting at the National Institute for the Psychotherapies; and Frank's own undergraduate background in behavioral/learning theory. He concluded that the participatory approach, as explained in this book, is fully reconcilable with his "fundamentally analytic convictions" (p. xi). Frank is currently Director of Training of the National Institute for Psychotherapies, of which he is a founder.

This extensively researched, well-written book has an excellent bibliography. Its basic premises are outlined in the introductory chapter:

1. The relational model assumes a two-person model of psychoanalysis, as opposed to the classical psychoanalytic, one-person model.

2. The "analytic therapist" actively participates and utilizes the relationship to transform pathological relationships, and in this manner, to achieve structural change.

The meaning of a two-person treatment model is described in chapter 2 and expanded upon in chapter 8. In chapter 3, the two-person model is contrasted with the traditional analytic rules of abstinence and neutrality. Interaction, mutuality, and intersubjectivity are emphasized in the two-person model; the analyst participates as a "real person." This theme is revisited in chapter 7, which considers the analyst's authenticity.

Other sections of *Psychoanalytic Participation* prepare the reader for the technical implementation of the action model. In chapter 4, the author discusses the role of enactments, which are defined as interactional "patterns involving both participants' unique, interlocking, personal psychodynamic systems" (p. 45). There is a presentation of the viewpoints of several practitioners who have recognized that enactments "play an integral role in analytic communication" (p. 59), yet theorize from a one-person model, including Tower, Bird, Sandler, McLaughlin, Boesky, Chused, Renik, and Langs. Their stances are then contrasted with the notion of the centrality of involvement as "the analyst's baseline stance" (p. 55) in a two-person model.

Chapter 5 reviews the models utilized by theorists who have stressed a "new relational experience" (p. 67) in psychoanalysis. Included are Alexander and French, Kohut and his followers, Fairbairn, and Guntrip, as well as Levenson, Wolstein, and Ehrenberg. Frank notes that their approaches are diverse; but that in all, "we recognize how the needs of patients are served by analysts' interpersonal attitudes that are intended to be *corrective*" (p. 90). He calls the "central interactive process" in analysis "righting the relationship" (p. 94). The therapeutic effect occurs through mutual adjustments, or accommodations, made by both analyst and patient.

In chapter 6, Frank discusses the historical trend toward self-disclosure. In this regard, Ferenczi's concept of "mutual" analysis is noted. Others cited as having paved the way in this respect include

Thompson, Ogden, Kohut, Goldberg, Gill (in his later work), Stolorow, Wolf, Bion, Fairbairn, Winnicott, Sullivan, and Searles. The proposition that it is constructive and therapeutic for therapists to selectively disclose themselves to patients is contrasted with the "classical view" (p. 103); and negative and judgmental conceptualizations of countertransference are reviewed.

The latter sections of the book focus on demonstrating how psychoanalytic participation is implemented. A few of the topic headings in chapter 8 will give the reader an idea of its substance: "How Much to Reveal: Setting a Different Standard" (p. 149); "The Limits of Analysts' Openness" (p. 156); "The Inappropriately Self-Concealing Analyst" (p. 168); and "Sharing Erotic Feelings: Violating a Taboo" (p. 180). Chapter 9 addresses "the uses of analytic skills and the analyst's influence to promote patients' adaptive actions in the outer . . . world" (p. 189).

Chapter 10 demonstrates the use of action-oriented techniques. A twice-a-week treatment is presented, with its cognitive-behavioral techniques described in detail. These techniques included homework assignments for the patient, relaxation techniques, and the keeping of journals. The chapter ends by discussing "seamless" integration, so that the work may be "*at once* psychoanalytic and active" (p. 240). The last chapter of the book discusses short-term psychodynamic psychotherapy.

Psychoanalytic Participation raises many important issues with which psychoanalysts have been grappling. Our early condemnatory definitions of countertransference have been superceded by a search for constructive applications of the concept, as well as some debate about the utility of the term itself. We have been challenged to reassess our attitudes toward noninterpretive interventions and the concept of neutrality in the light of technical innovations and new theoretical viewpoints. From Eissler's introduction of the concept of "parameters," to Stone's presentation of the "widening scope" of indications for psychoanalysis, to the emphasis by Renik and others that all analysts are unavoidably subjective, our model of what constitutes psychoanalysis has been continually pressed to grow and expand. Greenberg and Mitchell, impressed by the theoretical incom-

patibilities between drive theory and object relations theory, questioned whether the two can "accommodate" one another;[1] yet the knowledge and application of both these theories continue to enrich psychoanalysis.

Despite Frank's conviction that the participatory approach can be seamlessly blended with psychoanalysis, this book does not guide me to the author's point of view. The notion of a goal of analysis being to *influence* someone and to *cause behavior*, as assumed in chapter 9, implies a mind-set foreign to psychoanalytic thinking as I know it—no matter how gentle or subtle the influence or how adaptive the behavior turns out to be. The emphasis on self-disclosure by the analyst, even of erotic feelings, can easily slide into misbehavior under the guise of a careful choice to employ a therapeutic action. Moreover, Frank makes no distinction either between psychoanalysis and psychotherapy, or between the psychoanalyst and the analytic therapist. (This may be why he apparently sees no need to distinguish among short-term treatment, twice-weekly treatment, and more intensive, long-term treatment.)

The author refers to the importance of the emotional immediacy of the transference interpretation in his advocacy of action-oriented techniques; however, his major emphasis is on the value of examining new relational experience. He hopes that behaviorists and analysts can collaborate. He criticizes classical analysis for concerning itself only with what happens in the consulting room, while ignoring patients' "resistance to taking constructive new action" (p. 208). Stressing a Piagetian focus on applying cognition to adaptation to the external world, as well as Beck's work in cognitive therapy, Frank calls for an *integrative* approach. Wachtel's cyclical view of *theoretical integration* is particularly credited as having influenced the author.

Frank states that preconscious, internalized relational patterns may be changed by lived experience, and that psychotherapy may alter the pattern of experience through both rational scrutiny and emotionally meaningful personal experience. Life experiences, and especially intense relationships, contribute immensely to one's

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

growth. However, one must be capable of "hearing new music." In this reviewer's opinion, when an individual is deafened by his or her defensive structure, emotionally relevant transference interpretations, in the context of an analytic relationship, remain the most effective method of facilitating changes in this structure.

We treat people who are suffering greatly, some of whom are in diagnostic categories and reality situations that make long-term, intensive analysis difficult to undertake—hence the search for modifications and alternatives. For example, Ferenczi struggled to alleviate the pain of his very traumatized patients: he tried to reach out to them through "mutual analysis." Unfortunately, the resultant boundary violations and Freud's harsh ostracism led to Ferenczi's other important contributions being disregarded.

The relationship between two human beings is an integral part of the analytic process, and *Psychoanalytic Participation* serves us well by focusing attention on this fact. Our refuge in remaining unseen and unknown is rightly challenged, as it has been by the recent focus on our unavoidable subjectivity. However, just as Ferenczi's "mutual analyses" provided a framework for the rationalization of intrusions and boundary violations, so, too, do action-oriented techniques. Psychoanalytic insights may inform other kinds of therapy, but psychoanalytic participation is an oxymoron. Although psychic determinism may be philosophically incompatible with free will, we must maintain an ideal of a noncoercive, nonintrusive conceptualization of the process of psychoanalysis. We can best serve our patients by continuing to work toward achieving structural change through interpretive techniques.

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THE CREATION OF REALITY IN PSYCHOANALYSIS: A VIEW OF THE CONTRIBUTIONS OF DONALD SPENCE, ROY SCHAFER, ROBERT STOLOROW, IRWIN Z. HOFFMAN, AND BEYOND. By Richard Moore. Hillsdale, NJ/London: Analytic Press, 1999. 190 pp.

With *The Creation of Reality in Psychoanalysis: A View of the Contributions of Donald Spence, Roy Schafer, Robert Stolorow, Irwin Z. Hoffman, and Be-*

yond, Richard Moore makes a scholarly contribution to the ongoing debate that keeps psychoanalysis young. By comparing the writings of four contemporary constructivist theorists, teasing out their areas of congruence and divergence, while also exposing the weaknesses in their theories, Moore demonstrates the challenge of trying to improve upon Freud's arguments that accept reality as a given and lead to a different explanatory model. After showing how each of the selected four—Spence, Schafer, Stolorow, and Hoffman—fails to provide an internally consistent metapsychology, Moore offers his own effort at doing so. It remains for the reader to judge his degree of success.

Moore, who earned a Ph.D. at the Center for Psychological Studies in Albany, California, delineates the territory he will cover in the first chapter: the relationship between subjectivity and external reality. He summarizes the historical context in which Freud developed his theories and contrasts the age of positivism, in which the new science of psychoanalysis had to confront and describe an objective and verifiable reality, with the contemporary context in which media, courts, legislatures, and the general public clamor for a definite answer to questions about the authenticity of recovered memory. Moore announces what he will say about the trajectory of Freud's thinking, from his initial claim that hysterical symptoms were caused and maintained by unconscious memories of early sexual abuse, to his later ideas about our limited ability to objectively perceive the present.

In this chapter, Moore distills the essence of his examination of the view of each of the four proponents of the narrative approach to psychoanalysis from the perspective of mankind's relation to an ambiguous reality. He concludes that

> Spence (1982, 1993) forces us to share his painfully unresolved confrontation with an unavoidable element of subjectivity in all perception and expression. Schafer (1992) provides a less conflicted view of subjective perception and expression as simply the only reality that has ever been available . . . . In contrast, Stolorow (Stolorow, Brandchaft, and Atwood, 1987; Stolorow, 1988) places the unconscious mutual articulation of existing subjective reality at the

> center of his practice, but he does so under the aegis of a structural model that often seriously undercuts, if not actually belies, the process he describes. Hoffman (1987, 1991) also speaks of the possibility of the full acceptance of the mutual creation of reality as the central focus of his work . . . and often chooses to embrace uncertainty rather than a prespecified theoretical understanding. However, he also invokes the traditional structure of psychoanalysis by simply reconceptualizing the meaning of the traditional words, naming its individual parts without examining the structure implied in their sum. [pp. 8-9]

Moore tells us he will offer a way of moving the constructivist discussion further along in his final chapter by elaborating a more unified metapsychology that is less fettered by traditional assumptions about external reality. After reviewing Freud's theory building from the perspective of his unwavering commitment to an objective and potentially verifiable reality, Moore moves to the major topic of the book: a detailed and challenging examination of the writings and thinking of his four selected theorists. He devotes a chapter to each writer, and organizes each chapter by posing three basic, general questions and two more specific questions concerning the psychoanalytic session. The first question is "What is the nature of reality?" The second, "What is the nature of the human experience of reality?" The third, "What is the nature of human communication of the experience of reality?" The fourth, "What kind of knowledge can reasonably be acquired on the basis of information about the past acquired in the psychoanalytic session?" And finally, "What kind of action can reasonably be taken on the basis of such knowledge acquired in the psychoanalytic session?" This organizational scheme enables Moore to examine in detail larger themes in the writings of each theorist, as well as to trace subtle changes in the thinking of each over time. He highlights differences among them and considers ways in which their ideas are similar in his penultimate chapter, "Common Threads."

The difficulty of the task Moore has set for himself is reflected in the difficulty the reader has, at times, in understanding what he is saying in the four chapters devoted to the authors under discus-

sion. His inclusion of everything connected in any way to the subjects of the questions disorients the reader. Moore tends to shift his focus, to get lost in the complexity of ideas, and to vacillate in his effort to present the ultimate exposure of the failure of all four to make the leap into a new paradigm for psychoanalysis.

In "Common Threads," Moore is more sure-footed and organized in presenting his ideas, probing the implications of the stances taken by the four writers. He criticizes them because they

> . . . appear to seek to maintain a somewhat contradictory context for their narrative, which not only includes a real world as we know it, but a real psychoanalysis as we know it. In a basic way, they seek to build on and be validated by subscribers to the psychoanalytic foundation their work is designed to undermine and replace. [p. 129]

Moore continues by noting that "their conclusions cannot totally escape the impact of the fact that the essential nature of the data with which each of them concerns himself remains largely the same as that of classical psychoanalysis" (p. 130).

In his final chapter, "In Search of a Constructivist Metapsychology," Moore marshals his arguments to support his proposition for an overarching theoretical framework or metapsychology "with which to reorient psychoanalysis in keeping with recent constructivist and narrative contributions" (p. 132). Determined to provide a theory that will sidestep ambiguity, he devotes forty-one pages to developing his ideas in a logical and orderly way. Early in the chapter, he tells us he will be referring to the ideas of Winnicott, Bollas, and Modell.

After delineating the basic characteristics of his theory, which include a focus on conscious experience as ordered by time, he states that "in this discussion, consciousness is also always construction and . . . the construction of reality is the only experience of reality" (p. 137). He goes on to elaborate on constructive reality, potential reality, memory, and the social context of construction, and then returns to Winnicott, whose spatial metaphors he reconfigures into his own sequential framework. He cites Bollas to support his view that "it is

consciousness which is the transformer of the unconscious's gifts" (p. 149).

Under the heading "Clinical Considerations," he designs a standard of mental health for a constructivist psychoanalysis:

> The clinical applications of such a standard must take into account not only the patient's conscious and unconscious process as constructed with the analyst (and including the analyst's construction of his or her own processes), but the relation of the analyst's and the patient's joint construction to the consensually constructive reality of the community in which the patient lives. [p. 155]

He goes on to outline "The Genesis of Constructive Capacity," in which he cites Winnicott's and Bollas's views of the mother–child relationship as the bedrock on which self and integration are constructed.

Moore follows this with his thoughts about the role of the analyst, which I see as the weakest part of his overall view of psychoanalysis. To me, the analyst as conceived by Moore is no different from the mother, functioning in the same way. According to Moore, "the analyst gains authority not mainly from his offering his relatively unique perspective on the patient, but chiefly from his openness and sensitivity in enacting his understanding of sharing and thereby jointly constructing a new perspective" (p. 162). Moore uses trauma to point out differences between classical psychoanalysis and constructivist psychoanalysis. He discusses the difficulties encountered in looking at trauma by attempting to retrace the steps from memories of the trauma to the original experience: At every reconsideration of the traumatic scene a new form of the memory is created. He notes, instead, that "trauma can be seen not so much as constructed as an overwhelming, externally initiated interaction conducted largely despite existing psychological constructs" (p. 168). The capacity to construct has been damaged, and recovery requires an experience which is probably similar to that "originally shared with the parent in whose arms shared constructions were first initiated" (p. 169).

> Clinically, the focus is not the relation of current constructs to past events, but the need to reestablish what might be described as the forward motion involved in a traumatized individual's resuming the fullest possible active participation in the social construction of meaning. [p. 170]

Overall, Moore offers ideas that are challenging, provocative, and stimulating. He is clear that a unitary narrative approach does not exist, but rather, there is a spectrum of theories, each tainted by links to external reality. He is most lucid in his first and last chapters, where his ideas unfold in a logical, uncluttered way. Moore's scholarship, and his close reading and thoughtful analysis of the four theorists, make his book a valuable contribution to psychoanalytic thinking. Perhaps his aim to construct a parsimonious theory is exemplified by the orderliness of his opening and closing chapters, while the necessarily unruly and indigestible theories that spill out of the main part of the book more accurately describe the current ferment in psychoanalytic theory.

SARA S. TUCKER (CLEVELAND HEIGHTS, OH)

KOHUT'S FREUDIAN VISION. By Philip F. D. Rubovits-Seitz. Hillsdale, NJ: Analytic Press, 1999. 234 pp.

Over the past several decades, psychoanalysis has experienced a major reorientation. Perhaps this has been connected with a contemporaneous shift of general philosophical interest, from linear to nonlinear conceptualizing. Psychoanalytic theorizing has become less rooted in the biological-instinctual groundedness of drive theory; instead, the newer conceptualizations appear to take off from a more searching attention to the relationships between psychological entities, the so-called object relations. A closer look, however, reveals that object relations do not occur in a vacuum, but are just as biologically inescapable as instincts. The apparent shift, more than anything else, is from a point of observation from an external view that observes instinctual drives, to an internal apperception of the experience of driveness toward or away from an object.

This shift has been reflected in a reoriented clinical posture that guides the psychoanalytic process less as a dynamic occurring within one person, and more as an interactive two-person transaction. Consequently, neutrality, noninvolvement, and blank-screen anonymity have become less dominant, while participation, affective involvement, and a degree of self-revelation have become more prominent in the analyst's therapeutic armamentarium. The precise definition of what constitutes psychoanalysis, both theoretically and in clinical practice, has become more problematic. In the public mind, the analyst is often still feared as a mysterious and remote, yet silently powerful figure. Among colleagues in a vaguely delineated field of those concerned with mental health, however, the analyst seems to have lost much of what was once a lofty authority.

Kohut's Freudian Vision addresses one aspect of these changes by zooming in on the Freudian vision as it has been carried forward into the psychology of the self, as conceptualized by Heinz Kohut. No one name can be proposed as the originator of these modern shifts in attention to more relational developments. However, a careful reading of Freud shows him to have had his moments of modern object relations thinking, without ever having given up his basic biological rootedness. Yet object relations authors hardly ever mention Freud as their creative source, nor does Kohut fare much better. Instead, contemporary psychoanalytic literature presents a rich panorama of theories and ideas, discussing a rainbow of concepts and clinical practices that are vaguely designated as psychoanalytic—without, however, being unified by a generally accepted definition of psychoanalysis. To be sure, all of these multilayered notions refer to thoughts and explanations regarding the phenomena that we collectively call the psyche, its functions and functioning, and, above all, to the innumerable ways that analytic therapists of all persuasions attempt to influence the human mind to improve, and sometimes to heal it.

It may seem that I am pointing to an ill-defined and confusing subfield of study that is hardly distinguishable from the larger field of human psychology and psychotherapy. One ever-present constituent of the psychoanalytic subfield, however, establishes it as a distinctly analytic realm, and that constituent is its link, whether acknowledged or

not, both historically and ideologically, to the person and the thought of Sigmund Freud. Unfortunately, this link to Freud is often no more than a formal nod, perhaps in the way that a distant baron might perfunctorily affirm his undying allegiance to the reigning imperial majesty, while in fact and at the same time, the baron is thinking and acting wholly autonomously, without regard for the formally recognized sovereign. An alert observer might notice the spurious nature of this autonomy and call attention to the real dependence of the relationship to the sovereign.

In *Kohut's Freudian Vision,* Rubovits-Seitz has done this for the domain of Kohutian psychoanalysis. He traces clearly the fact that Kohut, for all his creativity and originality, started with basic Freudian ideas, which he developed into the psychology of the self. Undeniably, Kohut introduced some modifications and additions to Freud's view of the psychic configurations. Every reader will have to decide for him- or herself whether the Kohutian alterations change the fundamental Freudian analytic posture in any significant way; but I feel sure that Freud would recognize the updated configurations to be as truly psychoanalytic as his own formulations. And I feel equally sure that Kohut would unhesitatingly grant that his changes represented a Freudian vision modified, but not basically altered, in the light of accumulating clinical experience with a multitude of contemporary analysands. Such is the development of any science. A rigid adherence to all of Freud's insights in the face of contradictory clinical evidence would have condemned psychoanalysis to the status of a cult. On the contrary, the modifications, in being based on solid observational evidence, constitute testimony to the scientific vitality of analysis.

Rubovits-Seitz conducts an excellent review of the Freudian theory upon which later Kohutian thinking is based. For many years, Kohut was a popular and respected teacher of traditional analytic psychology at the Chicago Institute for Psychoanalysis. During some of that time, Rubovits-Seitz shared Kohut's teaching task, since Kohut's duties as president of the American Psychoanalytic Association were time-consuming and interfered with his full dedication to teaching. A set of lectures to candidates, essentially authored by

Kohut, are reproduced in this book, and raise it above the level of an ordinary psychoanalytic text to an exemplary exposition of the principles of analytic thinking. Rubovits-Seitz further illuminates Kohut's analytic thinking in the process of integrating newer observations and insights.

The great merit of this book lies in its thoroughly documented presentation of the links and evolution between Freudian thought and that of Kohut. This presentation includes "numerous examples from Kohut's writings regarding his definitions of psychoanalysis and self psychology, his concepts of transference and resistance, narcissism, basic methodologic concepts, metapsychologic vantage points, clinical method, clinical interpretation, the process of therapeutic change, and the benefits of treatment" (p. 208). Rubovits-Seitz is admirably grounded in the Kohutian tradition of thoroughness, precision, and clear exposition of often complex concepts. The recently published biography of Kohut by Charles Strozier provides much evidence in support of Rubovits-Seitz's main thesis.

However, the reader must be warned that this is not a textbook of self psychology. While the self psychological edifice is shown to be erected on a classical foundation, neither its interior, the need for its construction, nor its functions are the topic of this book.

ERNEST S. WOLF (WINNETKA, IL)

PSYCHOANALYSIS AND DEVELOPMENTAL THERAPY. Edited by Anne Hurry. Madison, CT: Int. Univ. Press, 1998. 240 pp.

Anne Hurry, in her edited volume, *Psychoanalysis and Developmental Therapy,* has done a superb job demonstrating an aspect of child psychoanalysis as practiced at the Anna Freud Centre. It is a method once known as *developmental help,* whose roots can be found in Anna Freud's earliest writings. In 1926, Anna Freud wrote "Introductory Lectures on Child Analysis,"[1] in which she first outlined her think-

[1] Freud, A. (1974a). *Introduction to Psychoanalysis: Lectures for Child Analysts and Teachers, 1922-1935.* London: Hogarth.

ing. The origins of her theory of technique can be found here: both her conceptualization of the analytic relationship as multidimensional, and her idea that the analytic method requires a mixture of techniques. "The analyst," she wrote, "combines in his own person two difficult and diametrically opposed functions: he has to analyze and educate."[2]

Anna Freud spent her career refining her developmental viewpoint and the meaning of "to analyze and educate." By the 1970s, she had formulated her theory of a twofold causation of psychopathology. One cause was rooted in conflict, whereas the other lay within the developmental process itself. In the latter, structure formation and maturation were both compromised. As she expressed it, there are "deficits in the personality structure itself,"[3] and the developmental progress "is defective or unbalanced."[4] While Anna Freud saw conflict and developmental disturbances as intertwined, she believed that the techniques that influenced change were different. And while she remained ambivalent about the degree to which the effects of early damage could be altered, she thought it important to continue to work with these patients and to study the technique and results. In 1978, she noted that "to the extent to which developmental harm can be undone belatedly, child analysis may accept it as its next duty to devise methods for the task."[5]

Anne Hurry and her colleagues at the Anna Freud Centre have taken up this challenge. In her chapter entitled "Theoretical Background," Hurry sets the stage with her definition of psychic development: "a lifelong process, subject to both inner and outer influences, the outcome of a continuous interaction between what is innate or has become inbuilt in us and the relationships and circumstances that we encounter" (p. 32). She looks at infant observational studies

[2] Ibid, p. 65.

[3] Freud, A. (1974b). A psychoanalytic view of developmental psychopathology. In *The Writings of Anna Freud,* 8:57-74. New York: Int. Univ. Press, 1981, p. 70.

[4] Ibid, p. 72.

[5] Freud, A. (1978). The principal task of child analysis. In *The Writings of Anna Freud,* 8:96-109. New York: Int. Univ. Press, 1981, p. 109.

—specifically, the attachment theories of Bowlby and the ways in which these studies have modified psychoanalytic theory.

Peter Fonagy and Mary Target, in their chapter entitled "An Interpersonal View of the Infant," extend ideas arising from infant observational data into clinical work. They discuss how representations of relationships are composed of procedures or patterns of actions, as opposed to specific experiences. Derivatives of these representations are observable in an individual's manner of relating. With some patients, the aim of analysis is "the observation of patterns of interaction, the identification of maladaptive models, and the correction of such models, principally through strengthening an overarching mental capacity to selectively activate alternative models of interaction" (p. 4). These authors call this mental capacity *the reflective function,* and they outline the difficult technical challenges with patients who show a failure in its development. The analyst must, say Fonagy and Target, provide the patient with the opportunity "to find himself as a thinking and feeling person within the analyst's mind" (p. 29).

Hurry terms the kind of analytic work that addresses developmental failures of any nature *developmental therapy.* It is a technical approach that provides an opportunity for change and developmental progression through a relationship finely tuned to an individual patient's developmental needs. The analyst's role is as a new developmental object. Hurry admits that the distinction between psychoanalysis and developmental therapy is a false one, since analysis also addresses developmental needs, including the need for insight. Hurry states that analysis in the classical sense works best with those who have reached a level of symbolic or representational thinking, but who are held back developmentally because of pathogenic influences from the past—in Anna Freud's terms, those who suffer from a conflict disturbance, and for whom the effective element of change is making conscious certain unconscious processes via interpretation and work in the transference. On the other hand are individuals who suffer from developmental deficits or distortions (developmental disturbances) and who cannot make good use of interpretation. The ways in which an analyst helps these children is

the topic discussed by Hurry and other contributors in the next two sections of the book.

Five clinical cases of children are described in detail. There are chapters detailing the analyses of two latency-aged boys, treated by Hurry; another latency-aged child, analyzed by Tessa Baradon; and two children under five years of age, described by Viviane Green and Anne Harrison. The authors focus on the developmental therapy aspects of the analyses. They beautifully describe the ways in which the analyst can move comfortably between the roles of a developmental and transference object, and how the relational aspects of an analysis and the interpretative ones influence each other. For example, Baradon's case (Michael in "A Journey from the Physical to the Mental Realm") is a child who was uncertain about the relationship between himself and others, in part "because of the distortion created by his inhibition of mentalization, and in part because of the distortion of fantasy and defence" (p. 158). As Michael was confused and frightened by both what was in his mind and what he thought was in his analyst's mind, this became the primary focus of the work. Baradon outlines her technical approach in helping this child to develop a capacity for symbolic thinking and reflection; to gain an ability to hold an array of feelings in his mind, thus facilitating a capacity for ambivalence; and to make distinctions between thought and reality, and between inner and outer realms.

The final section comprises two chapters that outline how psychoanalysis can be applied to other settings and interventions, an area that has long been emphasized in the work of the Anna Freud Centre. Marie Zaphiriou Woods and Anat Gedulter-Trieman discuss the ways in which educational interventions made through the Anna Freud Centre Nursery, in concert with an analysis, helped to promote a young child's development. Maria Grazia Cassola and Adriana Grotta describe the multiple interventions made by a number of professionals, and the coordination of this work, in helping a young boy with autistic features and his family.

It is important to make the distinction between the two approaches Hurry has called *developmental therapy* and *psychoanalysis,* in order to closely examine what it is that we actually do. Hurry has

made a valuable contribution to the field by attempting to clearly delineate the method of and rationale for developmental therapy. She has demonstrated this through descriptions of her own work and by bringing together the work of her colleagues. Her volume succeeds in showing the child analyst at work and in dealing with various problems of theory and technique that have plagued child analysts for decades—specifically, those that in the past have been ignored, termed unanalytic, or relegated to the unknown area of by-products of an analysis.

JILL M. MILLER (DENVER, CO)

IDENTITY'S ARCHITECT: A BIOGRAPHY OF ERIK H. ERIKSON. By Lawrence J. Friedman, M.D. New York: Scribner, 1999. 592 pp.

It is a rare pleasure to review a biography of a unique and fascinating person that does the subject justice while being eminently readable in its own right. Such is the contribution of Lawrence J. Friedman, a professor of history at Indiana University, whose previous works include a biography of the Menninger family and a history of their clinic.

This substantial volume is quite definitive and comprehensive in its treatment of its illustrious biographee. Its 592 pages include copious annotations, conveniently organized in a separate section relating to the text, as well as a very thorough and helpful index. It can serve as an excellent scholarly source book when taken in its parts, and if read chronologically from cover to cover, it is a very engrossing, extremely well-written volume. It is organized into ten chapters, logically beginning with the problematic conception and birth of Erikson, as well as his childhood and youth, subsequently tracing the various and fascinating high points of his life, which spanned more than nine decades.

One has the impression that the author has great admiration for his subject, but this is no hagiography. Friedman is critical of aspects of Erikson's personal life, as well as elements of his major works,

which are all analyzed in depth. The critiques are very specific and seem generally appropriate. In the process of reading them, one gains an excellent and detailed precis of the major contributions of Erikson. As expressed by the title, *Identity's Architect,* the recurrent subtheme of Erikson's explorations, as traced by the author over Erikson's professional life span, is that of a definition of identity, as well as its many redefinitions. This ongoing quest is evident in Erikson's frequent redefinition of the ages of man, as first concretized in *Childhood and Society.* This theme is explored in relation to Erikson's work on Martin Luther, Gandhi, the impact of Hitler on German youth, studies of Native Americans, and studies of the German, Russian, and American characters.

Interestingly, at a recent conference honoring Erikson at the Austen-Riggs Center, Friedman stated that at first, he had planned to give his biography a title suggestive of borders; the title of *Identity's Architect* came from Friedman's wife. The two choices are very much related, coming across clearly in the book. Erikson is described as a protean man with many identities that straddle many borders, such as German versus Dane versus American, Jewish versus Protestant, orthodox psychoanalyst versus sociologist, and social scientist versus ethicist, to name a few.

Certainly, a critical and formative life experience for Erikson was his birth as an illegitimate child, the mystery surrounding his paternity, and the ensuing scandal, which forced his mother to take him from Denmark to Germany, and led to her remarriage to Theodore Homburger, who (belatedly) adopted Erikson. Given these traumatic origins, the author finds the decision by the Eriksons to institutionalize their fourth child, Neil, who suffered from Down's Syndrome, to be a shocking one. This was a skeleton in the family closet—so much so that when Neil died some years later, the funeral arrangements were made by siblings, rather than by Erikson and his wife.

The author does not hesitate to explore in depth the relationships of Erikson with his wife, Joan, and with his other children. There is no reticence to address ambivalences and tensions in these relationships as they progressed over Erikson's lifetime, and warm moments and intense involvements are also portrayed. What comes

across in the description of Erikson's personal life is a complexity rendered with nuanced emotional genuineness.

Erikson is revealed as a multidimensional individual whose contributions in so many fields, from psychoanalysis to biography to ethics, are explored in depth. The author comments on Erikson's discursive style of writing and thinking, as well as his unfocused eclecticism, which at times made him unsuitable for various rigorous research projects for which he was enlisted. This meandering turn of mind was paralleled by his peripatetic meanderings around the world and around his adopted country. In a sense, his adolescent and early adulthood *wanderschaft* never ended, as he toured Europe with notebook and sketchbook in hand. Later, he pursued bicoastal wanderings in America, sojourning in such places as Boston, Cambridge, Austen-Riggs, Berkeley, and so on. These migrations, with their attendant motivations, personal conflicts, and professional and family dynamics, are traced in great detail in *Identity's Architect.*

Erikson's contributions to psychoanalysis have been seen by many contemporary analysts as a most helpful attempt to bridge the depth psychology of classical "vertical" approaches to the human psyche, with a so-called "horizontal" approach to external reality and sociocultural context. These efforts, while helpful and stimulating to many, also provoked early criticism from certain members of the analytic establishment. Erikson had an ambivalent relationship with his own analyst, Anna Freud, for example, whose attitude toward his contributions was at best cold.

Gradually, Erikson's work reached popular recognition in universities in the United States, and to some extent, around the world. Such recognition stood in stark contrast to the fate of classical psychoanalysis in a wider cultural context, following the transplantation of analysis from European sources (just as Erikson himself had been transplanted), since analysis was at that time "putting its wagons into a circle" in an attempt to solidify orthodoxy in its new environment. A certain ambivalence, if not hostility, was then to be expected.

This tension is addressed by Friedman in *Identity's Architect,* and one cannot help but come away from the book with the feeling that orthodox analysts are being somewhat demonized. Nevertheless,

what also comes across clearly in Friedman's work is the sense of Erikson as a man of many parts, much more than a psychoanalyst. Erikson as consummate scholar, social scientist, philosopher, ethicist, anthropologist, seminal thinker, and national and international figure place him to some extent beyond narrow doctrinal cavil.

Each of Erikson's works is presented and analyzed by Friedman with exegetic precision, as well as placed in a personal biographical context. One almost suffers with Erikson through the creation of each of his writings. The author does not hesitate, however, to give his appraisal of the quality of preparation and level of valid contribution of each book and article. Given the aforementioned description of the technical attention to these works, one would be tempted to view this biography solely as a source book for the interpretation of Erikson's professional contributions; quite the contrary, however, the author is gifted with a graceful literary style, which makes the narrative engrossing and very pleasantly readable. Moments of tension, enlightenment, sadness, and intellectual stimulation all come alive in these pages.

There is great poignancy in the author's description of Erikson's struggles during his declining years, as well as moments of great tenderness portrayed in his relationships with his wife and children. This tenderness emerges even as we are told intimate details of the tensions between Erikson and other members of the family. One is struck by the amount of research of both a scholarly and personal nature (interviews, personal encounters, anecdotes, and so forth) that must have intensely engaged Friedman for an extensive period of time.

Erikson's role as a public figure is also addressed, including his involvement and lack of involvement during the McCarthy era, the Vietnam War, student protests, the Feminist Movement, and in his conceptualization of pseudo-speciation in the context of the reemergence of post-World War II nationalism. One facet perhaps too defensively addressed is the issue of Erikson's apparent partial repudiation of his Jewishness, as portrayed in a *New York Times* book review by Marshall Berman. Given Friedman's description of the role of Erikson's wife in the name change from Homburger to Erikson,

and his questioning as to whether Erikson had to leave Europe because of Nazism (indeed, this had to have been a major factor), one wonders why another factor might not have been considered: the phenomenon that many important Middle European Jews identified with the derision of their gentile neighbors and colleagues during the nineteenth and early twentieth centuries, and tried to escape their identity—a cultural context not commented upon here in relation to Erikson.

Whatever Erikson's affinity for border straddling and his universalist tendencies, many quotations from Erikson cited in the book, while not characterized as such, reveal a clear desire to distance himself from his Jewish roots. Of possible relevance is an interesting occurrence at the Austen-Riggs conference in which Friedman pointedly deflected a question about Erikson's Jewish identity, possibly suggesting some personal issues of his own, which could have contributed to the uncharacteristically superficial discussion of this issue.

"Uncharacteristic" would indeed be an understatement, since this book was written with profound analytic skills, critical insight, and exhaustive marshaling of data and detail. None of its technical scholarship in any way detracts from this very stimulating volume, which is highly recommended to those psychoanalysts who find Erikson's contributions and insights valuable adjuncts to their clinical work and helpful in their role as teachers.

WARREN H. GOODMAN (GREAT NECK, NY)

INDIVIDUALITY, THE IMPOSSIBLE PROJECT: PSYCHOANALYSIS AND SELF CREATION. By Carlo Strenger, Ph.D. Madison, CT: Int. Univ. Press, 1999. 252 pp.

While the aim of this book is apparently entirely clinical, in that it addresses the therapies of a group of patients—who in the author's view, came to psychoanalytic psychotherapy because they lacked a sense of what he calls authorship of their own lives—it is also an opportunity for Strenger to present his abundant views on psycho-

analytic theory, postmodernism, philosophy, and current culture. The author, whose previous book, *Between Hermeneutics and Science,* identified him as a clinician who drew strongly upon philosophical resources in his expanded view of psychoanalysis, continues here in the same vein. His bent is to add theory drawn from diverse philosophical and literary sources to classical psychoanalysis; existential philosophy and postmodernism are important resources for his modification of classical analytic theory. Foucault, Rorty, Lacan, Bollas, and Winnicott figure prominently in his theoretical system, which he characterizes as "postmodern pluralist" in nature.

Clinical chapters, giving detailed descriptions of five patients, are followed by theoretical explorations, in which Strenger reflects on a range of topics, including biographical material about Foucault and Einstein, reflections and summaries of philosophers (including Descartes and Plato), and contemporary film interpretation. It is remarkable to find a lengthy discussion of Aristotle's *Nichocachean Ethics* and Descartes's philosophy in juxtaposition with a serious description and interpretation of the decidedly inferior film *Nine and a Half Weeks,* with Mickey Rourke and Kim Basinger. It must be noted that in all these apparently unrelated reflections, Strenger manages to convey the importance of his central theme: the imperative need for self creation in some patients, which in itself (in his opinion) depends upon the individual's inability to accept the life he or she is living as representing his or her true or acceptable self. Life was previously unbearable for the patients Strenger describes; his therapeutic encounters with them eventually led, in all the cases he presents, to a new sense of being, with the patient's authentic sense of "authorship" of his or her own life, as opposed to the previous oppressive sense of "fatedness."

Strenger's erudition and energy are generated by his experience with a particular group of patients who would be characterized in North America as narcissistically disordered. He, however, avoids the use of such terminology, preferring instead to speak in terms of a failed sense of authorship. He sees their struggle to "invent" themselves in a sympathetic light. While his thinking in some ways seems to resemble that of self psychology, his progress in this di-

rection comes from sources quite distinct from Kohut and his followers. Kohut's departure from classical theory was based upon his experience with the incomplete applicability and only partial improvement that resulted from interpretation of oedipal conflicts in a healthy and mature analytic atmosphere. Strenger strives to maintain classical theory, or at least the traditional idea of a structured unconscious, in the form of his concept of a "deep self," upon which self creation and a sense of authorship rest. His development as a theorist, however, owes more to a radical postmodern perspective that denies the possibility of superior knowledge and insight as legitimate claims of psychoanalysis. Postmodernism, according to Strenger's description of his own thinking, is crucial to his development. He depends upon its radical challenge to the concept of the normative in human nature to eliminate what he sees as a destructively judgmental quality in the response of classical analysts to patients of the type he describes.

Unfortunately, the author seems to substitute radical nihilism for objective certainty as a guideline for the analyst's interventions. As a result, essential diagnostic considerations seem to be ignored, sometimes merely contributing to his argument against a classical stance, but seen in other instances to result in a therapy that endangers the patient. At times, he appears to eliminate judgment in the service of not being judgmental. This negative impression may result from his choice of the five patients he uses to illustrate his clinical stance. While it is not possible here to summarize each of these cases in detail, the questionable nature of his interpretations of their pathologies—or rather, his denial of the existence of character problems and major depressions—cannot be ignored.

His first case example is Tamara, a documentary film producer who seems hardly to qualify as a therapy patient. (All of the cases presented are in psychotherapy, rather than psychoanalysis.) Tamara seeks out Strenger after a social encounter because she feels he will not be judgmental of her sadomasochistic sexual practices. She herself reveals neither manifest nor unconscious motivation for change. Though seeing her infrequently, Strenger constructs a narrative that not only explains her sexuality, but judges it as a response necessary

for her survival. It is for him an act of self creation that saves her from being destroyed by an emotionally sadistic (as opposed to physically sadistic) father. This view is presented as though the constructed narrative holds together for both the author and the reader, but this is far from the case. Strenger wants the reader to believe in Tamara's essentially vigorous self, as he does. His identification with her sweeps away the obvious characterological disturbance which motivates much of her sexual as well as interpersonal behavior. He makes the mistake of using her talent and productivity to ignore her inability to experience sensuality without the dominance of sadomasochistic behavior.

Strenger insists, with Tamara as well as with the other cases he presents, upon romanticizing disturbed behavior for its own sake. Within his self-defined concept of authorship (which one assumes is the equivalent of agency), he adopts an anything-goes attitude in regard to how therapy is conducted. With Clarissa, a 30-year-old woman who presents with an unbearable sense of loneliness, he ignores the family history of psychosis and treats her life-threatening depression as a necessary pathway to the gaining of a sense of "authorship." Several near-fatal suicide attempts are responded to with upset agitation on Strenger's part, but he nonetheless insists on honoring Clarissa's resistance to both medication and hospitalization. He believes that to hospitalize her would destroy her, and notes his belief that therapists do not have the right to interfere with suicidal behavior. Perhaps the conditions of his practice are so radically different that his need-based schedule of sessions with Clarissa—sometimes occurring seven days a week, and sometimes in the middle of the night—is not as unrealistic for him as it would be for most clinicians.

Strenger does explore his countertransference fear and distress with this patient, but there is little consideration of his ineffectiveness in his interventions with Clarissa. It is as if he merely allows her psychotic depression to run its course, and then concludes as she recovers that this was the only way for her to survive. Because she did survive, he concludes (with much modesty) that his course of action was, though unconventional, nevertheless the right one.

He describes the turning point of the therapy as hinging upon his telling Clarissa the following:

> I know that you are afraid to be trapped in life. I will truly leave you the option of killing yourself if you conclude that life is not worth living. I just propose that you will give yourself a chance to find out whether life is indeed a trap. You can die whenever you want; suicide is not going to run away from you. [p. 74]

This is not only risky business, but it fails to consider all those instances in which alert therapists use their authority and responsibility to insist on both medication and hospitalization, if deemed necessary, with equally improved or superior outcomes. Telling psychotically depressed patients that their therapist won't allow them to kill themselves, if in any way it can be prevented, may be distinctly nonpostmodern, but it is common-sensically real.

While it is possible to be pleased for both Clarissa and Strenger that she did not successfully suicide, it is hard to accept his paralyzed response to a suicidal patient with rather typical signs of a psychotic depression and a not very unusual resistance to effective help. Besides overlooking a psychotic depression, Strenger fails to consider how his own thinking and interaction with the patient may have been involved in her suicidal behavior, particularly any part of it that was related to a borderline component in her personality. He insists that all her behavior was psychologically constructive:

> I did not understand for quite some time that the desire which had helped Clarissa out of the dreadful life of her family of origin was also what pushed her to suicide. She wanted to feel that authorship is stronger than fate . . . . Clarissa had to make two suicide attempts to prove to herself that she was not trapped in life. If she survived by chance, she would know that she was truly free to die. This would allow her to decide freely to live. [p. 75]

Despite the problematic nature of the cases Strenger presents to illustrate his hypotheses about individuality, self creation, and

authorship, it is impossible to dismiss his view that any individual who presents for treatment may have simply lost the struggle for a sense of authorship of his or her own life. Strenger draws strongly upon Winnicott in defining the therapeutic possibilities in an encounter with a therapist capable of combining "lucidity and warmth" (p. 230), in order to permit the emergence of a true self. For him, "the true self represents the state of a life informed by authorship, the false self the state of fatedness" (p. 234). Strenger moves beyond Winnicott in feeling that a "fully fledged true self" is an impossibility, and that what counts is the individual's striving for "coherence of thought, desire, and action" (p. 234).

The degree to which Strenger covers ground similar to Kohut's without acknowledging the connection between their ideas may be related to the fact that his only reference to Kohut dates from 1971. In *The Analysis of the Self,* Kohut had not yet outlined a self psychological approach, nor had he broken with classical theory. Between 1971 and the publication of *Restoration of the Self* (1977), a whole new theory of the self and its disturbances emerged. Strenger's attempt to find adaptive aspects to seemingly disturbed character functioning is similar to Kohut's observation of compensatory structures adopted by narcissistically damaged individuals in order to prevent a sense of irreparable fragmentation. Kohut, however, protected himself from the clinical dilemmas that Strenger describes by making it clear that he could not apply his ideas to patients with borderline or psychotic disorders. He felt that as a psychoanalyst, he needed to connect with a self that, though damaged, was enough intact for him to empathically perceive its existence.

While many of Strenger's ideas about authorship and self creation resonate with those of self psychology, his selection of cases is entirely different from those individuals who benefit from a fully self psychologically oriented analysis. Of the five patients he presents, only two appear to have been appropriately selected for analytic therapy, and certainly, none would be considered suitable for psychoanalysis. This raises the potentially problematic issue of psychoanalytic theory building in the absence of patients treated in psychoanalysis. Patients—particularly those with intense, demand-

ing character problems who are nonetheless talented, attractive, or charming—can have an intense, theory- and technique-altering effect on a clinician. Strenger's identification with his patients and his literal acceptance of their world views are so extreme that he indeed "throws away the book" in working with them. Unfortunately, this includes the diagnostic as well as the theoretical book. The clinical result of his positioning himself entirely on the side of the patient's irrationality is such that this book might be more suitably titled *A Plea for a Very Large Measure of Abnormality*. By his approach, he illustrates the danger of eliminating diagnostic judgment from therapeutic procedures.

In his theoretical writing, Strenger strongly resembles North American analysts associated with the relational schools. Although his terminology is different, he builds upon his earlier categorization of psychoanalysis into the classical and romantic visions. He states that "The classical model believed in the centrality of insight and renunciation; the romantic model assumed that only meeting the patient's central needs could cure" (p. 187). He proceeds to describe "the ontological protest of subjectivity" (p. 187), by which he means the turning inward and away from reality of an individual whose life circumstances are, in reality, so abysmal that the person either took this pathway or would have died, psychologically speaking. Again, this appears to be the result of Strenger's turning toward existential philosophy, rather than to the material of psychoanalytic work.

By contrast, Kohut remained clinically focused when he described the selfobject requirements for the relinquishment of the grandiose self, neither romanticizing nor overly dramatizing the positive nature of grandiosity—something about which Strenger remains quite adamant. Where others see failed development that should not be harshly judged, he sees a veritable fountain of creativity. He also, like Kohut before him, notes that individuals suffering from a lack of joy in life need the experience of prolonged idealization of the therapist, if they are to be led back to an acceptance of reality through the experience of an idealized transference.

Many readers of this book may well be struck by Strenger's world view, appealing as it is to those with both an optimistic and therapeutic nature. His relaxed therapeutic stance has obvious advantages with individuals with a damaged sense of themselves, preferable to a technique aimed at elucidation of the patient's unconscious through the medium of the analyst's abstinent, anonymous, and neutral participation. The issue of clinical judgment raised earlier in this review, however, cannot be set wholly aside, even by analysts favoring a relational approach.

On the theory side, Strenger's apparent lack of familiarity with developments in self psychology and intersubjectivity leads him to invent his own definition of relational therapeutics. His intellectual inventiveness, while impressive in its own right, demands of the North American analyst an undue effort to arrive at important relational insights that have already been more directly stated by analytic contributors whose approach to patients is free of the postmodern therapeutic nihilism characteristic of Strenger's clinical cases. Strenger's writing, no matter how intellectually facile, serves as an unfortunate illustration of the dangers and difficulties involved when clinical work is both informed and dominated by a therapist's dedication to philosophy as a source of psychoanalytic theory.

HENRY J. FRIEDMAN (CAMBRIDGE, MA)

SUBJECT TO BIOGRAPHY: PSYCHOANALYSIS, FEMINISM, AND WRITING WOMEN'S LIVES. By Elisabeth Young-Bruehl. Cambridge, MA/London: Harvard Univ. Press, 1998. 282 pp.

In this two-part collection of Young-Bruehl's papers on psychobiography (Part I), and feminism and psychoanalysis (Part II), the reader learns the power of psychoanalysis in shaping Young-Bruehl's writing. She shows us how it has enhanced her capacity to immerse herself in her writing without subordinating herself to her subject, as well as how it carries her beyond the power of empathy to identify with her subjects and on to an enlarged mentality that enables truly independent and penetrating thought.

Young-Bruehl usefully tells us much more than most authors do about how her mind works as a psychobiographer. She convincingly details the necessity of our understanding how she thinks, given the thinness of data available to psychobiographers, especially childhood data, and given the lack of a psychoanalytic situation for reconstruction of such data. While she cites the facts of her being female, a historian, and a lesbian as important contributors to how she thinks, she also gives explicit and detailed attention to how analysis has shaped her thinking—not merely as something she has learned, but as a crucial force in who she has become. It enables her to rid herself of artifices that interfere with her listening to her subjects.

To the great benefit of the reader of this volume, Young-Bruehl's analytic identity has made it possible for her to steep herself in the lives of her subjects—in this book, principally Anna Freud and Hannah Arendt—*and* to remain an independent thinker. It is fascinating to learn that the spark for some of the chapters in Part I came from a need to think anew, as an analyst, about her psychobiographical subjects. Thus, some of the early chapters in this book portray views of Anna Freud that the author developed after having already published an earlier biography of Anna Freud. In particular, Young-Bruehl reveals that she needed to, and has, mastered her tendency to deny important differences between herself and Anna Freud, a tendency based on complex mirroring between them. She has also lessened her mirroring with Sigmund Freud, with whom she says she shares a narcissistic character type. In both cases, the mirroring shackled her thinking. The increased freedom of thought has allowed her to direct some of her interest to an otherwise neglected but important psychobiographical topic, namely, Anna Freud's relationship with her mother. She hypothesizes that Anna Freud's prolificacy stemmed from her having had a troika of mothers (i.e., her mother, her mother's maiden sister, and her nanny). The book offers no proofs for this hypothesis, but the hypothesis itself supports the author's claimed increased capacity to think beyond conventional limits and ideas (such as the common preoccupation with Anna Freud's relationship to her father).

Further, in a carefully reasoned construction, Young-Bruehl cautions us to consider Anna Freud's view of normal female libidinal development—that is, a passive feminine position—as accurate for Anna Freud's libidinal position, but as an inadequate theory of normal female development. In addition, the book offers numerous other trenchant observations and critiques. Bringing to bear her intellectual powers as a historian, for example, Young-Bruehl points out that analysis lacks a proper written history, and that we have settled for a puny subspecies thereof—namely, psychobiography—out of self-protective motives. And even there, we have been overly focused on Freud's early period.

Young-Bruehl's critique of feminism is compelling for its unpacking of politically determined misuses of constructs, such as our use of "analytic" words when we are actually eschewing some of the essential meanings of those words. For example, we speak of "object relations" while simultaneously renouncing the dynamic underpinnings and essence of object relations, and when, conversely, we are really referring to actual relationships. Her plea that we need to understand the determinative role of psychodynamics in theory making is well stated, as expressed in her discussion of the valorization of race, homosexuality, and feminism:

> I think that people suffer from their idealizing as well as from being the victims of other people's opposite idealizations . . . .We can say that group idealizations generally involve either displacements of aggression onto outgroups or projections of aggression onto a specific "other," and both the displacement and projection processes subtend—to put the matter bluntly, prejudices. [p. 245]

Having been convinced by this book of the author's considerable powers to think freely, creatively, encompassingly, and critically, I had hopes that the book would be greater than the sum of its parts. In fact, thirteen of the fifteen chapters were previously published. The remaining two were previously presented, and the book lacks integrative chapters or codas. Thus, the reader is denied the benefit of knowing Young-Bruehl's most up-to-date thinking on her subject

matter, or what generalizations, if any, may be warranted regarding psychobiography or feminism and analysis, from her point of view. In addition, the coverage of some topics in the book is thin or uneven. For example, her extensive reworking of her ideas about Anna Freud's rigid female normativity—i.e., female passivity—does not include a critique of the costs of the related defense of altruistic surrender, given the limitations it places on one's psychological freedom.

On a larger scale, I found Young-Bruehl's ideas about character typology, presented at several points in the book, to be intriguing but underdeveloped. She asserts that the magnitude and nature of our intellectual and creative selves are determined by our character structures—to wit, her assertion that Sigmund Freud's analysis was a product of his heroic character ideal, based on his narcissistic character structure. Accordingly, says the author, Freud produced an empire in which opposing views would conform to the dominant and dominating view, namely, psychoanalysis. In this frame of reference, analysis, with Freud as the unsurpassable leader, becomes more a kind of new Roman Empire than a science—or, as she quotes from one of Freud's letters to Fliess, Freud's "hobby horse" (p. 34).

Young-Bruehl goes on to attribute the creativity of other historical figures to hysterical and obsessional character types. Interesting reading, but the cause-and-effect relationships among character types, creativity, and the nature and value of the creators' products are not demonstrated. A more nuanced discussion of the impact of character type on creativity, in relation to other shaping influences (e.g., education, objects of identification, and the role of analysis) is warranted, and would also seem to lie within the author's usual wide-ranging fecundity.

It is to be hoped that we can expect more in-depth coverage of the many areas merely touched upon here. As it is, this book is a passionate and enlightening discourse on the vital and lively uses to which a talented and independent thinker can put his or her mind in the arenas of psychobiography, feminism, and psychoanalysis. In anticipation of what is to come, my comment to Young-Bruehl is "Write on and right on!"

DOROTHY E. HOLMES (WASHINGTON, DC)

HUMOR AND PSYCHE. Edited by James W. Barron. Hillsdale, NJ: Analytic Press, 1999. 232 pp.

Humor, like so many concepts, seems obvious at first glance; yet upon deeper study, it reveals all the complexities of the human psyche. What appears on the surface as a defensive denial of psychic pain is ultimately shown to be "breathing room" between the excesses of denial, reality, and despair. Within this playful space, as Joan Sanville and Donald Winnicott have called it, lie the powerful wellsprings of human adaptability and courage.

In *Humor and Psyche,* Barron presents a series of essays that constitute an in-depth reappraisal of the role of humor in psychic life. They are divided among three main headings: historical-theoretical perspectives, therapeutic process, and character and creativity. As editor, Barron writes an introduction and conclusion that help us to both approach and summarize a broad and diverse collection of ideas by an equally diverse group of authors. While some of the authors address the same questions, their responses differ widely and provocatively. As a result, readers will enjoy some chapters more than others. One of the more controversial issues dealt with in this small book with a large purview is the use of humor in psychoanalysis. Arguments for and against—and a well-considered middleground viewpoint—are presented.

In the first section, "Historical-Theoretical Perspectives," Martin Bergmann gives a clear review of Freud's ideas, as expressed both in *The Joke Book* (1905) and *On Humor* (1927). He describes the growth and changes in Freud's viewpoint in the intervening years between these two works. He then describes the "apostolic and post-apostolic eras," quoting from Martha Wolfenstein's observation about the differences between the joke, the poem, and the dream, and why we forget one so easily but are able to remember another. He then describes how professional discussion has moved from an absolute prohibition on humor expressed by the analyst, to a recognition that at the right time and place, humor can be an effective interpretation. Bergmann also warns that humor can easily become a countertransference acting in, however.

In her chapter on "Humor and Play," Sanville gives a delightful history of humor as a cultural expression of past generations. She then describes the development of humor in children and its importance as a play space, which she then relates as relevant to adult psychoanalysis. Her final section is a moving discussion of humor and its value in confronting the loss of the self.

I found Barnaby Barnett's discussion of the phenomenon of the "crack" hard to follow, coming as it does from such a different framework than my own; his advocacy of the primacy of the death instinct and his level of theorizing make comprehension difficult.

In "Humor and Its Relationship to the Unconscious," James Grotstein gives a brief history of Freud's theories of humor, making the point that after his shift from the topographic to the structural theory, Freud devalued "the 'intelligence' that seems to underwrite unconscious humor" (p. 77). Grotstein describes the ego psychological view of neutrality as seemingly sterile and depriving. In a series of clinical vignettes, he argues for a more spontaneous and open use of humor, especially puns, in the analytic situation, while at the same time recognizing the risks of countertransference enactments.

In the second section, "Therapeutic Process," Peter Giovacchini shares a personal analytic horror story from his early training as an analyst, which perhaps explains some of his negative generalizations about analysts and analytic theory. His focus on the lack of humor as a manifestation of psychopathology might be generally accepted; however, his clinical example of the use of humor as helpful with a paranoid patient is not convincing.

Perhaps the fullest discussion of humor and treatment occurs in Ronald Baker's thoughtful essay, which can be summarized by his statement that "humor must approximate an interpretation, in particular, a transference interpretation; and as such, must always be offered prudently" (p. 117).

William Meissner, too, explores this issue in his usual well-organized way, with recognition of both the value and risks of humor in the therapeutic relationship. He reviews the classical Freudian point of view regarding humor and its adaptive function, while warning of the risk of countertransference enactments if humor is used

unwisely. He describes the potential of drawing analytic interactions into the real relationship as another hazard. On the positive side, he believes that carefully used humor may strengthen the therapeutic alliance, thus arguing for a middle-ground approach to the use of humor in analysis.

In the third section, "Character and Creativity," three fascinating essays explore the inner relationship between humor and character in three different, very specific situations. In the first, Judith Dupont explores the humor in the Freud–Ferenczi correspondence over a period of twenty-five years. She notes that the use of humor highlights and reveals the depth of their conflict and creative struggles.

In Robert Rodman's delightful essay on "Winnicott's Laughter," the richness and vividness revealed by an exploration of this highly creative man's humor are described. Winnicott as a person comes alive when a scholar of his life enriches his descriptions with anecdotes of playfulness, humor, creativity, and a love for life.

In the third essay, by Stuart Feder, we are treated to an interdisciplinary exploration of the musical humor of Charles Ives, and presented with the defensive and adaptive revelations of his personal and creative history and conflicts as they appear in his music.

In all, this is a valuable book for any psychoanalytically oriented psychotherapist—one that will deepen and enrich the appreciation and use of humor with patients, with him- or herself, and in therapy.

R. PEERY GRANT (ATLANTA, GA)

CAN YOU SEE ME? By Ami Sands Brodoff. Princeton, NJ: Xlibris, 1999. 274 pp.

This is a moving novel about the intertwined lives of a brilliant young man who succumbs in adolescence to the ravages of schizophrenia and his devoted but bewildered younger sister, who suffers along with him from that time onward. It will be of interest to anyone who cares not merely about emotionally troubled individuals, *but also about the others in their lives who are in their own way affected by the emo-*

tional problems that afflict them. It is clear from Brodoff's other work—her short stories in particular, as well as her various other writing and nonwriting activities—that this book is in part autobiographical. She knows firsthand what she is writing about. The story has clearly emerged not only out of her creative imagination, but also out of her own personal experience.

The reader is led on an odyssey that weaves back and forth between the tortured travails of Doren (which, I have a hunch, is an anagram for the word *endure*), as he struggles with his illness, and those of his sister, Sarah (the word *harassed* comes to mind), as she struggles with the impact of her brother's schizophrenia. Their parents' heartache, guilt, frustration, ambivalence, and other tangled emotions are revealed as the story unfolds, as well as the not dissimilar feelings of professionals who work with Doren (at least with regard to the more capable ones).

We go along with Doren as he vacillates between giving in to his illness and clawing his way toward health. We find him succumbing to the seductive overtures of the bizarre, imaginary world of psychosis that interposes itself between the intolerable and unmanageable stresses of reality and the neurophysiological disturbances in the mental world within him. We also find him making desperate but fragile efforts to pull himself up out of the emotional crevasse into which he has fallen, in defiance of the searing pains he feels as he attempts to conquer that mountain. We go along with him as he embarks on desperate flights from his inner tormenters and from the tortures that the external world inflicts upon the mentally ill.

Sarah's chapters alternate with those chronicling Doren's peregrinations through the worlds of reality, psychotic unreality, and parareality, as well as through the worlds of treatment and mistreatment that exist both inside and outside the walls that separate the severely mentally ill from those more fortunate. In Sarah's chapters, we encounter her terrors about her own possible genetic vulnerabilities. Her terror that she carries a genetic time bomb within her, which she might convey to any future offspring, is alluded to in the book, although it is relatively well disguised. In addition, in a

particularly moving chapter, we learn about the way in which she has wrapped herself in an emotional "spacesuit," one that protects her from contact both with her brother's schizophrenia and with other people, whom she has come to perceive as dangerous triggers that induce many of her brother's decompensations. At the same time, her secret conviction is revealed that she, too, is an alien, walking among "normal" beings surrounding her.

Life for Sarah, no less than for Doren, is epitomized by a remark made by another character in the book: "It's like I'm trapped inside a fairytale with *that* one . . . [but] . . . not the soothing kind. The ones where kids get boiled in hot oil and thrown down black wells" (p. 108). The effect is heightened by a graphic image on the adjoining page of a store window containing a painting, beneath which a sign in Italian reads, in translation, "Many greetings from Venice. Everything here is very beautiful. But you are not here . . . what a shame!" (p. 109).

Reading this book led me to think about how often psychoanalysts forget that analysands do not exist in isolation. Other people in our patients' lives—especially spouses, children, siblings, and parents—are affected by the problems our patients bring to us. Focusing on untangling the mysteries of our patients' inner worlds can lead us to lose sight of the fact that the neurotic skeins enveloping our analysands also wrap themselves around others in their lives. I thought, for example, of the eminent psychoanalyst who said to the father of a boy who later became one of my patients, "Why do you keep talking about your son's problems? This isn't a child guidance clinic!"

I thought, too, of the sister of the very troubled little girl who was in treatment with me, who shed copious tears as she described the various ways in which my patient made her life miserable. I thought of the boy whose parents showered his cerebral-palsied little brother with attention, while they anointed him with guilt-laden, self-sacrificing responsibility as his brother's keeper when they were not present. I recalled the boy I treated whose mother was immersed in overriding, perpetual mourning for his older brother, who had died of a brain tumor. I found myself thinking about the far sub-

tler, but not infrequent, instances in which the welfare of our analysands' family members deserves our concern and interest no less than does the welfare of the patients themselves.

As psychoanalysts, we cannot afford to give ourselves the luxury of ignoring the people in a patient's external world as we delve into his or her inner one, even though this adds further complexity to a task already quite complicated. We can be grateful to authors like Brodoff for reminding us of what we need to do.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

ABSTRACTS

PSYCHOANALYSIS AND HISTORY.

I, 1, 1998

Freud and Jung: The Internationalization of Psychoanalysis. Harold P. Blum.

Freud and Jung's relationship was initially characterized by reciprocal idealization. Freud regarded Jung as an ideal non-Jewish representative of psychoanalysis to the wider world. For Jung, Freud was mentor, model, and quasi therapist. After psychoanalysis became internationally recognized, Freud proposed Jung as the permanent president of the newly founded International Psychoanalytical Association. Jung was to be the virtual sovereign of psychoanalysis. But their relationship gradually deteriorated, ending in reciprocal denigration. Freud's conflicts with Jung and Jung's different theories were reflected in some of Freud's scientific writings, e.g., "On Narcissism" and "Formulations on the Two Principles of Mental Functioning." These works were associated with continuing self-analysis, as well as the analysis of ambivalence and reciprocal unconscious death wishes.

We (Not So) Happy Few: Symbolic Loss and Mourning in Freud's Psychoanalytic Movement and the History of Psychoanalysis. Peter Homans.

This paper addresses today's many criticisms of psychoanalysis by exploring their origins in its history. The author deepens and broadens our understanding of that history by examining Freud's personal life, especially his leadership of the psychoanalytic movement and his struggle to recognize and come to terms with his cultural heritage. It is suggested that the same issues persist, in varying degrees and in different forms, in the institutes of today. Such issues manifest chiefly in an inability to mourn—that is, first, to mourn the loss of Freud as an exemplar of introspective courage, and second, to mourn the loss of the symbolic dimensions of Freud's creative *oeuvre*.

"You Know That Our Old Institute Was Entirely Destroyed . . .": On the History of the Frankfurt Psychoanalytical Institute (FPI), 1929-1933. Tomas Plankers and Hans-Joachim Rothe.

The first psychoanalytic institutes were founded in Berlin in 1920, in Vienna in 1922, and in London in 1925, and thus the Frankfurt Psychoanalytical Institute (1929-1933) was among the first European institutes. Its closure in 1933 at the hands of the National Socialists obliterated virtually all memory of psychoanalysis for decades. It was not until the 1980s that a general interest in the history of the movement was revived, and the Frankfurt Institute was rescued from oblivion.

One of the intentions of this paper is to portray the inauguration of the Frankfurt Institute, its founding concepts, members, and the circumstances and results of its closure. It was established with guest status within the Institute for Social Research, under the auspices of Max Horkheimer, one of the founders of "critical theory." Horkheimer's subsequent analysis of the relationship between history and psychology was based on the outcome of psychoanalytic work conducted by Karl Landauer, director of the Frankfurt Institute, in collaboration with Heinrich Meng. Other analysts from the Frankfurt Institute—Frieda Fromm-Reichmann, Erich Fromm, and S. H. Foulkes—received international acclaim for their pioneering achievements after their emigration.

REVISTA URUGUAYA DE PSICOANÁLISIS.

June 1999

Neutralidad o Abstinencia? Fanny Schkolnik.

This paper deals with the appropriateness of the notion of neutrality in psychoanalysis, since this term connotes an absence of wish in the analyst, which is neither possible nor desirable. In the analytic process, impulses operate in both the analyst and the patient. Freud did not specifically use the word *neutrality* when referring to the necessary deprivation in analytic work, and it was in fact Strachey who introduced it in his translation of Freudian works.

The proposal of this paper is to substitute the word *abstinence,* which connotes the idea of contention or continence, and is thus best suited to define the features of the analyst's position and the limits on the freedom the patient and analyst enjoy. The author emphasizes that we usually tend to think about the importance of deprivation for the patient, while little is said about its significance for the analyst. This paper outlines some of the ever-present temptations that need to be managed by the analyst: shifts arising from narcissistic aspirations, the wish to cure, and a tendency toward mothering, for example.

La Imposible Neutralidad de un Psicoanalista Posible. Nadal Vallespir.

The analyst's neutrality—that is, a perfect and absolute neutrality, without hesitation—is not possible to achieve. It is a legitimate goal, though unattainable. Drawing on the literature and utilizing reflections on theoretical developments that refer to analytic technique, the author seeks to prove the impossibility of neutrality.

Should we then abandon the idea of neutrality? It has an operative function in the cure, within certain margins of applicability. Its presence implies an analyst who has a marked capacity to work through mourning resulting from his or her narcissistic renunciation. Acceptance of castration, privation, and abstinence make a limited neutrality possible.

Psicoanalizar (en) el Interior: La Improbable Neutralidad. Paulo Luis Rosa Sousa and Ricardo Tavares Pinheiro.

In small communities, analytic processes are prone to present conditions that may interfere with the development of the analysis, such as frequent and intense extra-analytic contacts. In this context, the authors examine the always-problematic issue of a supposed neutrality of the analyst. They propose using methods of analysis that take into account complex epistemological scenarios. With three illustrative clinical vignettes, the authors defend the hypothesis of an improbable neutrality as a substitution for indifference or for classical neutrality.

Influencia de la Depresión Maternal sobre el Asma Infantil. Marta Cardenas and Elena Gonzalez.

This article relates the experiences of a team of psychoanalysts and psychotherapists who created a successful interdisciplinary relationship as part of their efforts to treat asthmatic children in a hospital environment. The first issue addressed is the concept of asthma as a sickness, and includes a synthesis of the theoretical proposals of such authors as Bernstein, Gaddini, Mahler, Marty, Palacio-Espasa, and Winnicott. A case is presented of a depressed mother, whose child's asthma became even more severe. Because the team's research is ongoing, final results of its investigation are not yet available.

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El Psicoanálisis Ciento Años Después. Selika Acevedo de Mendilaharsu.

The author presents an essay on interpretation, discussing the analyst's metapsychological functioning while making interpretations, and the in-

fluence of different elements enabling such countertransference work, as well as those interfering with it.

Viajando Afectivamente Sola: Un Desvio Personal en la Escucha Analitica. Evelyne Albrecht Schwaber.

Questioning whether or not we have entered a new two-person paradigm, the author shares a traumatic personal experience, considers its impact on her work with a patient, and discusses some clinical and epistemological dilemmas inherent in self-disclosure.

Actuaciónes: Cuerpo y Transcripciónes en Transferencia. Laura Verissismo de Posadas.

Umberto Eco's epigraph refers to the search for a perfect language, and the myth of the Tower of Confusion is quoted. This "confussio lingarum" leads to a discussion of transference, starting with references to Freud, Breuer, and Freud's famous patient, Anna O. A "biological-theoretical" perspective in analysis is also discussed.

The enlightening relationship between Freud and Ferenczi is briefly described as an example of the existence of obstacles in the transference, and as a situation in which the end of the analysis became problematic. The author also surveys the theories of several prominent thinkers, including Freud, Klein, Heimann, Winnicott, Bion, and Lacan, ending by envisioning a promising outlook for psychoanalysis in the future.

Fragmentos Hacia lo Natal. Edmundo Gomez Mango.

The author carries out a psychoanalytic journey that leads to various constructions concerning origins and identity. Utilizing contributions from history, literature, and philosophy, he questions the natal "unheimlich" text of Freud. In discussing the origin of languages, the author proposes the possibility of translation as a condition of language itself.

Imaginación y Regresión en la Perspectiva Postkleiniana. Guillermo Bodner.

In this paper, the author tries to describe the analyst's receptivity to the patient's communications, in the light of post-Kleinian approaches. He considers that the analyst must tolerate some regression, and then differentiate him- or herself from the identification induced by the patient's projections. In this latter shift, an imaginative capacity is needed. Theoretical issues about unconscious fantasy and imagination are discussed, as well as some aspects of regression in psychopathology and in the psychoanalytic setting.

Sobre los Vinculos Padres-Hijo en el Fin de Siglo y Sus Posibles Repercusiónes en el Desarrollo del Niño. Victor Guerra.

From an intersubjective perspective, the author reflects on cultural changes, the end of the century, and the modifications he believes have taken place in cultural representations concerning parent- and childhood. Modern parents' expectations and yearnings in regard to "his majesty the baby" differ from those at other times in history. The author discusses topics about which parents frequently consult mental health professionals, such as limit setting and children's restlessness. Certain potential peculiarities and difficulties in the psychic structure of a child are examined from a Winnicottian perspective.

El Psicoanálisis en el Vértigo de la Mutación Civilizatoria. Marcelo Viñar.

Fast-moving and radical changes in our global society—in computer technology, the structure of employment and production, urbanization, and mass media, for example—cannot help but produce transformations in social relationships and in our views of psychopathology. The author tries to identify and describe some of the most influential features of present-day culture, and raises questions about their impact on current psychoanalytic practice, noting that the context of civilization, as well as the analytic patient him- or herself, are clearly different from what they were when psychoanalytic theory was first developed.

REVISTA URUGUAYA DE PSICOANÁLISIS.

November 2000

Discusión del Trabajo de Gabbard: "Love and Lust in the Male Analyst–Male Patient Dyad." Luisa de Urtubey.

The author discusses Gabbard's original and interesting work, "Love and Lust in the Male Analyst–Male Patient Dyad." She finds it of great value, particularly since it addresses a subject frequently ignored. However, she disagrees with some aspects of Gabbard's interpretative technique.

"Enactment" Agudo Como "Recurso" para el Develamiento de una Colustion de la Dupla Analitica. Roosevelt M. S. Cassorla.

This paper discusses the functions of enactments in psychoanalytic practice. Following a review of the concept of enactment, a borderline patient is presented; in this clinical vignette, an intense, acute enactment took

place following a change in the clinical setting. This led to the understanding that the analytic couple had been involved in an unconscious collusion, in which a symbiotic relationship had been established between the patient, the analyst, and the patient's family, functioning as a chronic enactment. That relationship prevented the analyst from exploring highly destructive unconscious fantasies and archaic traumatic situations. Comprehension of the enactment enabled the dissolution of this collusion.

Differences between the "acting out" and "enactment" concepts are discussed, with an emphasis on the obstructive aspects of the former and the communicative aspects of the latter. Finally, an enactment classification system is proposed: normal, pathological, acute, and chronic.

Contratransferencia: Una Perspectiva desde Latinoamerica. Beatriz de León de Bernardi.

Racker's ideas about countertransference, as well as those of W. and M. Baranger, constitute an important contribution to the development of this concept. For Racker, countertransference is essential to the comprehension of the process of change in psychoanalysis. He makes a distinction between concordant and complementary countertransference, remarking on the different clinical significance of each of these. M and W. Baranger approach the transferential-countertransferential phenomenon from an intersubjective perspective, with a broad definition of the analytic situation as a dynamic field. They underline the role played by unconscious fantasies shared by analyst and patient, particularly those that show a shared resisting nature.

The author of this paper analyzes the dialogue that these three authors had with the dominant theoretical influences of their time in the River Plate area of South America. In Racker's case, there was a confrontation with the ideas of Freud and Klein. In the case of M. and W. Baranger, Lacan's ideas were influential, with which there were both agreements and disagreements. There is a discussion of Latin American contributions to the countertransference dialectic.

El Sujeto y el Objeto de la Contratransferencia. Damian Schroeder Orozco.

Countertransference has been and still is a great technical, metaphysical, and clinical "knot." During clinical presentations, we often hear assertions and references to countertransference that highlight the intricate and controversial problem of patient–analyst involvement. Who are the object and subject of countertransference?

The word *countertransference* is mentioned only twice by Freud. Nevertheless, his work contains passages in which there is an implied reference to

countertransference, and these have led to subsequent studies. The contributions of Heimann, Racker, Neyraut, Lacan, M. Baranger, W. Baranger, and de León are mentioned in particular.

La Clinica Actual de Pacientes Adolescentes en Riesgo un Nuevo Desafio? Silvia Flechner.

In this theoretical and clinical paper, the author discusses the problem of adolescent patients at risk for suicide. Immobility is shown to be one of the tools that the at-risk adolescent uses to try to control threats against ego cohesion. The author also raises questions about the role of the analyst in working with such adolescents, and suggests that the analyst must be creative in order to cope with the challenge of patients "on the edges of analyzability."