Volume LXXVIII, Number 4

A DIFFERENT UNIVERSE: READING LOEWALD THROUGH "ON THE THERAPEUTIC ACTION OF PSYCHOANALYSIS"

BY NANCY J. CHODOROW

Hans Loewald's classic paper, "On the Therapeutic Action of Psychoanalysis" (1960), is one of our field's most comprehensive and elegant accounts of the analytic attitude and stance that are required to enable a psychoanalytic process leading to psychic change, as well as a fine-tuned and original conceptualization of that change. The author shows how Loewald, while not including technical or interpretive recommendations or claiming a new metapsychology, elaborates the multiple facets of the relationship between analyst and patient and provides a subtly complex description of the epistemology of clinical work. His still-fresh formulations prefigure contemporary psychoanalysis.

Keywords: Loewald, therapeutic action, psychoanalytic process, psychoanalytic theory, ego psychology, intersubjectivity, interaction, epistemology.

In this essay, I develop a reading of Hans Loewald's "On the Therapeutic Action of Psychoanalysis" (1960). This paper provides a unique synthesis, a comprehensive and original account that seamlessly integrates

---

Nancy J. Chodorow is a Training and Supervising Analyst at the Boston Psychoanalytic Society and Institute and a Professor of Sociology Emerita at the University of California, Berkeley.

Earlier versions of this paper were presented at the San Francisco Center for Psychoanalysis on March 21, 2009, and at the Western New England Psychoanalytic Society and Institute on May 10, 2008.

apparently contradictory claims and approaches, while at the same time moving beyond and transforming its initial components. It formulates, and in so doing helps to establish, much that constitutes psychoanalysis today. I explore how the paper serves as a filter through which to look back on Loewald's earlier writings that anticipated his formulations here, and to look ahead to the further development of his thinking. The paper's prescience (though not its having been relatively neglected for so long) can lead us to forget how radical Loewald was in 1960—and in fact, Loewald presented different parts of the paper even earlier. I am in some sense extending my reading of Loewald's "Internalization, Separation, Mourning, and the Superego" (1962; see Chodorow 2007), which he published shortly after "On the Therapeutic Action of Psychoanalysis." I wrote my 2007 paper in internal conversation with a tacitly imagined reading of "therapeutic action."

Loewald identifies himself as an ego psychologist. He writes about drives, including the death drive, and he makes internalization, structure building, and individuation, as well as ego functions like memory and the relation to reality, central in several key writings (e.g., Loewald 1951, 1952, 1962, 1971, 1972, 1973, 1976, 1978a, 1979). But he is an ego psychologist who differs in several ways from what has come to be considered classical ego psychology. First, he stresses the constitutive role of object relations in the psyche and in the psychic changes of analysis. This is a matter not only of an internal object-relational world, but also of *subject–subject relations*—interaction, or intersubjectivity—between analyst and patient. Second, although he is not a child analyst, Loewald advocates, from his earliest paper to his last book, a developmental perspective. He pays careful attention to mother–child interaction in the unfolding of the psyche and to the analyst's capacity to range responsively among different developmental levels of psychic functioning in the patient. He is as interested in preoedipal modes of being and the mother–child realm of primary communication as he is in differentiation and the Oedipus. Finally, his perspective preserves, and perhaps even privileges, a topographic point of view over an ego-structural focus. He argues that transference moves between unconscious and preconscious as much as it does from internal objects to external objects, and he focuses on the links between primary and secondary process.

Loewald, then, parts ways with his ego psychology cohort members Arlow, Brenner, and Gray (though his attention to differentiation is recognizably Hartmannian).[1] His focus on structure building is less about intersystemic conflict and structural-functional differentiation than about interchanges between inner and outer reality and the fluid and changing processes of differentiation and integration among the psychic structures that constitute psychological process (in this regard, his review of Arlow and Brenner [Loewald 1966] is unabashedly critical, taking issue with what he considers fundamental misunderstandings and muddles in their conceptualization). He assumes the analysis of resistance, defense, conflict, and compromise formation, and clearly expects ego development to entail greater self-understanding, but he is critical of what he sees as an overemphasis on the rational ego and rationality in clinical and theoretical psychoanalysis, as well as in the cultural and scientific world. As I describe in what follows, for Loewald, the goal of free association is not so much to bring mind under the purview of the rational ego as it is to open up a window into two-way, affectively anchored, topographic pathways between preconscious and unconscious.

My reading of "On the Therapeutic Action of Psychoanalysis" contributes to a conversation begun by Cooper (1988) twenty years ago, in a paper that is itself a classic. Cooper writes that Loewald's view of therapeutic action "places therapy in a different universe from that dreamed of by Strachey" (p. 26). He points to Loewald's radical shift away from Strachey's focus on mutative, superego-modifying, transference-based interpretations, and toward Loewald's own claims for the centrality of object relations and interactional process—both in therapeutic action and in psychic formation more generally.

Cooper highlights other themes in Loewald's writing as well, many of which find echoes in subsequent writing about Loewald: for example, Loewald's "conservative style of revolution" (Cooper 1988, p. 15; see also McLaughlin in Fogel et al. 1996; Whitebook 2004); his commitment to

[1] Loewald, born in 1906 and bringing his European intellectual origins to his American training, falls right in the middle of two ego psychology cohorts: the European generation of Hartmann (born in 1894), Loewenstein (1898), and Kris (1900), and a slightly younger cohort of influential American ego psychologists, Arlow (1912), Brenner (1913), and Gray (1918).

"the poetic rather than the scientific vision of psychoanalysis" (Cooper 1988, p. 16; see also McLaughlin in Fogel et al. 1996); his implicit advocacy of a poetic, inexact, interactionally based language of interpretation over the exact interpretations favored by Strachey (Cooper, p. 26); and his "vivid" language, which leads Cooper to "quote him extensively" (Cooper, p. 19: as I elaborate later in this paper, all writers on Loewald quote him extensively).

Bluntly and with wonderment, Cooper remarks that "the source for Loewald's vision" (p. 21) is an intellectual mystery: in his bibliography, Loewald mentions neither the Rado group and the Sullivanians, nor the British object relations and Kleinian analysts, and he describes infancy and particular qualities in the mother–infant relationship that were fully documented only much later, with the expansion of infancy research. Finally, Cooper points to a tension in Loewald's work between a phenomenological, interactive view of clinical process and therapeutic action, and a metapsychological description of goals (p. 26).

Cooper's paper initiated a small but continually increasing groundswell of writing about Loewald, for some time put forward especially by Fogel (1991; Fogel et al. 1996). This quiet conversation—of many writers in internal conversation with themselves, as well as with Loewald and those who have written about him—indirectly addresses and extends some of Cooper's puzzlements. It has worked to articulate and expand Loewald's clinical and theoretical legacy—to capture the different universe that was Loewald's (see Balsam 1997; Bass 2000; Chodorow 1999, 2003b, 2004a, 2007; Fogel 1991; Friedman 1991; Kaywin 1993; Lear 1990, 1996, 2003; Leavy 1989; Miller 2008; Mitchell 1998, 2000; Nields 2003; Ogden 2006; Schafer 1991; Simpson 2007; Teicholz 2001; White 1996; Whitebook 2004, 2008).

Increasingly, these writings about "the Loewald phenomenon" (Friedman 1996) have come to address Loewald "*as* phenomenon" (Chodorow 2008, p. 1092), to wonder about or take a stand on Loewald's analytic location. Adequate discussion of these claims and arguments would be a paper in itself, but we can briefly note, for example, that where most writers focus more on Loewald's writings on therapeutic action and analytic stance, Bass (2000) draws mainly upon Loewald's metapsychological writings, focusing on his economic, energic formulations;

his conceptualizations of ego functions like perception, memory, and the creation and distortion of reality; and his writings on sublimation (see also Bass 2003). Meanwhile, Nields (2003) and Whitebook (2004, 2008) consult Loewald to rethink psychoanalytic understandings of religion and culture.

In one notable divide, several writers claim Loewald for relational or self psychology (e.g., Greenberg in Fogel et al. 1996, who also calls Loewald *transitional* and *synthetic;* as well as Mitchell 1998, 2000; and Teicholz 2001), while others assert, justifying themselves partly by Loewald's own self-identity, that Loewald is a unique and innovative ego psychologist (see, e.g., Chodorow 2003b, 2004a; Fogel 1991; Fogel in Fogel et al. 1996; Friedman 2008; and Smith 2001, who also notices these multiple readings of Loewald). I experienced this custody war first-hand at a 1998 conference on Loewald, where Mitchell and I presented papers on what we both called Loewald's "vision." We both used many of the same quotations, Mitchell in order to claim that Loewald was fundamentally relational, while, based on the same evidence, I argued that Loewald was a radical ego psychologist (see Mitchell 1998, 2000; and Chodorow 1999, 2003b).

Complicating matters further, this debate is itself historical. Some years ago (Chodorow 1989), I observed—I think rightly at the time—that there were no "Loewaldians," that Loewald, while widely respected for his innovative contributions, was not being "adulated, lionized, or seen as a theoretical leader" (p. 12) by any group (implicitly including those ego psychologists among whom he counted himself). Many years later, Friedman (2008) and Smith (2001, 2007), also rightly, could note that analysts from several schools would like to claim Loewald as their own, and that, as Smith put it, Loewald was a "transitional figure, lionized by both ['classicists' and 'progressives']" (2001, p. 488). Where all writers on Loewald would agree, however, is that he has not received recognition commensurate with his considerable achievement.

My project in the present paper is exegetical and textual, staying close to Loewald's writing and only indirectly entering these ownership debates. Most readers of Loewald, as of Freud, are drawn to the aliveness and engaged immediacy of Loewald's writing: articles about him are always full of long quotations, as if the writer, recognizing that no one

writes as clearly and eloquently about his ideas as Loewald himself does, is trying to convey something substantial about that writing—something of visceral-emotional as well as intellectual substance—through quotations.

McKee (2008) provides some insight about this. Just as Loewald claimed that Freud was, for him, a "living presence" (1980, p. ix), so Loewald, McKee suggests, makes himself a living presence for his own readers. Loewald's theory of language, describing how emotionally alive language melds preverbal communicative affect and poetic tonality with linguistic meaning, explains this. McKee makes the startling—but then, on reflection, immediately compelling—observation that Loewald's language itself does just what he says language in general does, bringing us, his readers, into those very "primordial," primary-process experiences (McKee also uses the words *enlivening*, *experiential*, and *elemental*) that he is himself describing.[2]

I and others of his readers are met in our method by Loewald himself, who was an extremely careful reader and who wrote in close conversation with Freud. Loewald's writing calls for careful textual analysis. We cannot—as we can with some writers (though not so easily with Freud)—skim for main ideas or take out key terms or phrases that characterize a theory of mind, a conception of clinical process, or a technical approach. Loewald, rather, requires the reader to get into his thinking and authorial goals sentence by sentence, article by article—to unpack, as best she can, his carefully articulated point of view, watching as his themes, with slight variations, appear and reappear. He tacitly invites us to read him as he reads others (and, as I will suggest, as he advocates that we listen to patients): by bringing an open mind and attending first and foremost to specificities and patterns of meaning, rather than scanning for limitations or disagreements (if we were thinking clinically, for unconscious-preconscious, topographic resonances rather than for defense, conflict, and resistance). Through such reading, we better understand and appreciate Loewald's (or any author's) subjectivity. Beginning from the author's point of view, as Loewald does with Freud, also enables

[2] For emotionally textured linguistic readings of Loewald that further substantiate McKee's proposal, see Lang (2007) and Pinsky (2008).

us to understand how that author's reasoning or argument may generate internal contradictions or lacunae that require further resolution.

My own way of reading, as I note in Chodorow (2008), grows indirectly out of the same soil as Loewald's, a commonality that probably first drew me to his work. It comes not from my analytic identity but from my training in sociology, where my teachers were, like Loewald, German-Jewish refugee intellectuals with theoretical origins in phenomenology and social-philosophical thought. Loewald, reciprocally, was drawn to the theoretical writings on internalization and the relations between inner and outer life of the sociologist Talcott Parsons (Loewald 1973, 1984).

The reader of Loewald cannot ground his understanding of this author in clinical case material. "On the Therapeutic Action of Psychoanalysis" contains no clinical material, and even those of his papers that do describe patients or treatments do so in one or two paragraphs, usually in conventionalized oedipal terms. Loewald writes of *analysis, transference and countertransference, the analyst, the patient, the mind*—not about particular minds and how they change, nor about the particular analyst who he was. He does not offer interpretive or other technical recommendations, beyond attending closely to the patient, nor descriptions of moment-to-moment process. In our day, when psychoanalytic writing, however theoretical, almost always finds an underpinning in accounts of on-the-ground clinical exchanges, we notice this, whereas in another era—the time of the late Freud, of Hartmann, of Loewald himself, or even a quarter century ago—the absence of clinical material, or an exegetical paper, would not be so noticed.

Yet despite the absence of clinical material in his writing, Loewald's ideas, for me as for others, sit preconsciously throughout everyday practice. Even without specific clinical material, he gives us an immediately compelling account of the therapeutic relationship and therapeutic action—evocative descriptions of an *analytic stance*, toward the patient and toward the analyst's own mind and activity. He describes an implicit and explicit conceptualization of what is happening in an analysis as it develops and winds down—what, in a larger sense, constitutes psychoanalytic process and psychic change; what the role of the analyst is and should be; what is happening in the patient, in the analyst, and between them; and what constitutes the scientific epistemology of the analytic

investigation. Loewald gives us general principles of attitude, being, and relating to the patient, and a conception of the patient's unfolding core—a "listening-to" rather than a "listening-for" approach to process and technique (see Chodorow 2003a) that reminds us more of those in the British independent tradition—for instance, Balint, Coltart, Milner, and Winnicott, and, more recently, Bollas, Casement, and Parsons—than of close-process analysts, Brennerians, or contemporary Kleinians.[3]

LOEWALD'S OPENING PARAGRAPHS: INTRODUCING EVERYTHING

We are forewarned in Loewald's introduction to "On the Therapeutic Action of Psychoanalysis" (1960) of the immense ambition of this paper. While staying within the ego psychological tradition, he is going to make the analyst into a *new object*, a real internal and external object in the patient's continuing development. He will describe a psychoanalytic process and psychological change that are deeply enmeshed in actual interactions, between ego and environment or ego and objects, and he will show that ego formation develops intertwined with object relations. The analyst is more than an objective, neutral interpreter of the patient's experience whose correct interpretations of transference distortions and resistances lead to insight and change. Loewald is going to consider transference, drives, and ego.

Loewald defines the psychoanalytic process in these opening paragraphs, at the outset slipping interaction, object relations, and development into his definition: "By psychoanalytic process I mean the significant interactions between patient and analyst that ultimately lead to structural changes in the patient's personality" (1960, p. 221). Focusing also on development, he will contribute to our understanding of "the role that interaction with environment plays in the formation, development, and continued integrity of the psychic apparatus" (p. 221). He will claim this interpersonal emphasis for ego psychology:

[3] Partly in recognition of this similarity in analytic stance and in attitude toward the patient's unique core, I have considered Loewald an initiator of an "American independent tradition" (Chodorow 2004a).

> Psychoanalytic ego psychology . . . has given us some tools to deal with the central problem of the relationship between the development of psychic structures, and of the connection between ego formation and object relations . . . . Ego development is resumed in the therapeutic process in psychoanalysis. And this resumption of ego development is contingent on the relationship with a new object, the analyst. [p. 221]

Loewald's challenge will be to "correlate our understanding of the significance of object relations for the formation and development of the psychic apparatus with the dynamics of the therapeutic process" (p. 221). He will of necessity have to look at some "old problems" along the way, problems "concerning object relations, the phenomenon of transference, the relations between instinctual drives and ego, as well as concerning the function of the analyst in the analytic situation" (p. 222).

In other words, Loewald undertakes to look at everything.

PART I: ANALYTIC STANCE

Loewald opens the substance of his paper with an investigation of the nature of the object relation that constitutes the analytic relationship. In two early papers, "Ego and Reality" (1951) and "The Problem of Defense and the Neurotic Interpretation of Reality" (1952), he has argued that ego development happens from birth and throughout life, in processes of differentiation and dedifferentiation, integration and disintegration. He describes how, whatever the givens of actual reality out there, we create reality as meaningful initially from within. In fact, at around the time of these first papers, we can notice a *zeitgeist* of attention to the subtly complex relations between inner and outer in development and treatment. Contemporaneous contributions include Erikson (1950), Winnicott (1951), and a flurry of papers on countertransference (e.g., Cohen 1952; Heimann 1950; Little 1951; Racker 1953; Winnicott 1949).

We are also not born with drives, according to Loewald. Rather, we create drives from drive potentials, and these drives create or shape cathectically—via our psychic investment—our objects. Through this intertwined development of ego and reality (the point of view of the reality

principle—ego and cognition) and of drives and objects (the point of view of the pleasure principle—drives and affects), reality and the object world become constituted and gain meaning for the individual. Defenses and defense mechanisms are, similarly, brought forth only under particular conditions of ego-reality differentiation and integration. There is no single trajectory here, because aliveness and health are not about always having a differentiated ego—ego from reality, ego from drives, ego from objects—but about the capacity to range freely among different levels of ego-reality integration.

As Loewald brings this understanding to "On the Therapeutic Action of Psychoanalysis," he says that analysis gives us the opportunity to observe anew, as we could do originally with the developing ego in relation to the mother, how "interactions between patient and analyst . . . lead to or form steps in ego integration and disintegration." Analytic writers have missed this because of a "theoretical bias . . . the view of the psychic apparatus as a closed system" (1960, p. 223). The analyst enters as an actual object into the patient's world, an object/subject who comes to participate in the further development of ego, objects, and drives. He is a "co-actor on the analytic stage" and not a "reflecting mirror . . . characterized by scrupulous neutrality" (p. 223). Seeing the analyst as neutral reflecting mirror, Loewald implies, would be like assuming that the actual relation to the parent and the parent's particularized personhood had no part in child development.

The relationship to the analyst will include resistance, and analytic work includes interpreting transference distortions, but unless it also includes a relation to the analyst as a new object, the analysis won't work. The patient

> . . . can take the plunge into the regressive crisis of the transference neurosis which brings him face to face again with his childhood anxieties and conflicts, *if* he can hold on to the potentiality of a new object-relationship, represented by the analyst. [p. 224, italics in original]

In much of his writing, Loewald is reaching for ways to conceptualize the specificity of the analyst–patient relationship. He is drawn intui-

tively to a parent–child analogy: he has some sense (in a phrase that he uses repeatedly) that there is something "magical"—beyond words but including words—in mother–child communication. (When their writing becomes available to him, Loewald draws upon Mahler and Winnicott.) In "Therapeutic Action," Loewald more specifically views the analyst's role as helping the patient to discover and expand upon "the rudiments at least of the core of himself and 'objects' that have been distorted" (p. 229). (We have here echoes of Winnicott's true self.) The analyst's focus on the unfolding of this rudimentary core goes beyond interpretation and insight, requiring, in Loewald's oft-cited phrase, "an objectivity and neutrality the essence of which is love and respect for the individual and for individual development" (p. 229).

Loewald closes the first section of the paper with a beginning investigation of this parent–child relationship as a prototype for what he is trying to describe. On the parental side, we find

> . . . an empathic relationship of understanding the child's particular stage in development, yet ahead in his vision of the child's future and mediating that vision to the child . . . a more articulate and more integrated version of the core of being that the child presents to the parent. [p. 229]

On the side of the child, Loewald writes about how the child, through affect, body, and mind, takes in the mother's vision:

> The child . . . internalizes the parent's image of the child—an image that is mediated to the child in the thousand different ways of being handled, bodily and emotionally. Early identification as part of ego development, built up through introjection of maternal aspects, includes introjection of the mother's image of the child . . . the child as seen, felt, smelled, heard, touched by the mother . . . . The child begins to experience himself as a centered unit by being centered upon. [pp. 229-230]

We can see how this formulation, demonstrating rare understanding for his psychoanalytic era, finds resonance and confirmation in contemporary observational research that documents the subtleties of moment-

to-moment mother–infant communication, recognition, and responsiveness in affect attunement and emotional interchange.[4]

The ego in analysis develops, as in childhood, in relationship. Analytic development is like early development, and the analyst is in some ways like a parent, both in the fact that there is an affective and cognitive relationship with the patient, and that—very much in the Bionian and Winnicottian mode—the analyst holds in mind the patient's present and, through recognition and anticipation, his future.[5]

In looking at the analyst's participation here, Loewald introduces a theme that he will develop in later writings. A view that the analyst is a neutral, objective, external scientific observer does not capture the constitutive intersubjective nature of the psychoanalytic endeavor, nor does a portrayal of the analyst as *tabula rasa*—a "reflecting mirror . . . characterized by scrupulous neutrality" (p. 223)—capture how analysis as a science works. Rather, the analyst is a scientific observer only to the extent to which he "is able to observe objectively the patient *and himself*" (p. 226, italics added).

Loewald does not mince words. He tells us that the hegemonic (American mid-century, but drawing also on Freud) epistemological model of objectivity and neutrality, drawn from natural science, "has its origin in propositions which I believe to be untenable" (p. 227). Instead, he argues, analyst and patient are "associate[s] in the research work" (p. 227), and they "identify to an increasing degree . . . in their ego activity of scientifically guided self-scrutiny" (p. 227). This identificatory collaboration, "a necessary requirement for a successful analysis, . . . has nothing to do with scientific detachment and the neutrality of a mirror. This identification has to do with the development of a new object-relationship" (p. 227).

In his elaboration of analyst–analysand roles, Loewald is making direct claims about psychoanalysis as a science, about its method of inquiry and discovery, and its epistemology. Many analysts in the past referred

[4] I am thinking here of the work of Beebe, Emde, Fonagy, Harrison, Sander, Stern, Trevarthan, Tronick, and others—a vast literature whose individual citations would result in a paper-length document.

[5] For recent clinical examples and discussion of holding the future and the patient's potential, see Balsam (2008), Jacobs (2008), and Pinsky (2008).

to "our science"—a locution, I have always felt, that served as a way to skirt the rueful recognition that clinical psychoanalysis is not a classical observer-observed or hypothesis-testing science, even though many wish that it were. This fact remains, even as we have a rich legacy of process and developmental research, and even as some psychoanalytic claims about mind and brain can be investigated through cognitive and neuroscience research.

"Therapeutic Action" begins to develop Loewald's argument that analyst and analysand are a particular kind of scientific collaborator, and it gives us a lively picture of the constitutive role of that collaboration in the patient's development. In several of Loewald's later writings, we find fully spelled out the implication of the view that both patient and analyst are the same kind of being, whose egos are formed, whose transferences and resistances are enacted, in and through interaction. Psychoanalysis in Loewald's portrayal is the science of individual subjectivity, and its epistemology, as its method of investigation of this subjectivity, is *intersubjective*—based on the relations between two individual subjects.

Classically, intersubjectivity refers precisely to two subjects, two autonomous subjectivities, each of whom perceives or recognizes the self and the other, her own subjectivity and the subjectivity, and/or objectivity, of the object world. Like Loewald, Benjamin (1988, 1995, 1998) follows this usage, and I do not know a better way to refer to the interaction and mutual engagement of two separate subjects (what Poland [1999] calls a "two-person separate" psychoanalysis). In contemporary psychoanalysis more generally, however, due especially to the work of Stolorow and his colleagues (e.g., Stolorow and Atwood 2002), *intersubjective* has often come to mean *relational* or *co-created*—to refer to the analytic third, to Winnicott's transitional space and transitional phenomena, and/or to other more-than-the-sum-of-the-parts, two-person creations.

Especially in "Psychoanalytic Theory and the Psychoanalytic Process" (1970), Loewald further develops his argument that psychoanalysis is an intersubjective science, not a classical science in which subjects study objects. The objects of study in psychoanalysis, he notes, are themselves subjects, and the whole process of investigation involves interactions between subjects in which *both* participants engage in the same kinds of

psychic processes, are the same kinds of organizations, mutually influence one another, and change.

As Loewald describes it, then, psychoanalysis is methodologically and epistemologically especially akin to the qualitative social sciences, those intersubjective fields in which subjects study subjects and must be continually mindful of their own personhood and impact, and where the quality of interaction matters to what is found (in sharp contrast to the social sciences, however, psychoanalysis takes individuality—the individual mind—as its object-subject of investigation). No social scientist or philosopher of social science has better expressed a reflexive, participant-observer, methodological-epistemological stance than did Loewald:

> The scientific fiction . . . of a field of study to which we are in the relation of extraneous observers cannot be maintained in psychoanalysis. We become part and participant of and in the field as soon as we are present in our roles as analysts. The unit of psychoanalytic investigation is the individual human mind or personality. We single it out—for reasons deeply rooted in that human mind of which we ourselves are specimens—as a subject worthy of study, as a universe in its own right.[6] . . . The object of investigation, the analysand, as well as the investigator, the analyst, although each has a considerable degree of internal psychic organization and relative autonomy in respect to the other, can enter a psychoanalytic investigation only by virtue of their being relatively open systems, and open to each other. [1970, p. 278]

In richly evocative language, Loewald further spells out, in "Psychoanalysis as an Art and the Fantasy Character of the Psychoanalytic Situation" (1975) and in "Transference-Countertransference" (1986), the foundations of an intersubjective ego psychology as an analytic stance. In "Psychoanalysis as an Art," he says, "In the mutual interaction of the good analytic hour, patient and analyst—each in his own way and on his own mental level—become both artist and medium to each other" (1975, p. 369). In "Transference-Countertransference," he puts things even more simply: "If a capacity for transference . . . is a measure of the

[6] See Poland's (1996) echoing formulations: "the patient as a unique other" (p. 6), a "private universe of inner experience" (p. 33).

patient's analyzability, the capacity for countertransference is a measure of the analyst's ability to analyze" (1986, pp. 285-286).

The sociology of psychoanalytic knowledge that has enabled Loewald's formulations to be noticed or not noticed, even within American psychoanalysis, is interesting in itself. "Psychoanalysis as an Art" and "Transference-Countertransference" are more remarked upon and cited than "Psychoanalytic Theory and the Psychoanalytic Process" (1970)—in the case of "Psychoanalysis as an Art," perhaps because it is so gorgeously written—but also perhaps because these papers refer to analysis (in the former) as an art or a transitional space, or (in the latter) in terms of its core clinical relationship. My own observation is that such formulations are more congenial arenas to many analysts than are formulations closer to those of social science (see Chodorow 2004b).

More generally, as I have noted elsewhere (Chodorow 2003a, 2004a), it would seem that along with the writings of Loewald's New Haven colleagues, the writings of Jacobs (1991, 1997, 2002), McLaughlin (2005a), and Poland (1996, 1999) specifically, and with conscious recognition, extend the Loewaldian clinical intersubjective ego psychology lineage. Boesky (1990, 2008) is a close colleague of these writers, and his recent book elaborates, in ways consonant with Loewaldian formulations, upon the epistemologically complex role of the analyst as interactant, hermeneutic interpreter, and scientific investigator, describing psychoanalysis as "a two-person/interpersonal domain combined with the traditional intrapsychic methods of contextualizing" (2008, p. 81). Yet Loewald does not seem to have influenced Boesky, who observes that he, like other American psychoanalysts, had no avenue for understanding the emotional and interactive participation of the analyst until the 1980s, when he came to appreciate British countertransference theorists like Heimann and Racker.

"On the Therapeutic Action of Psychoanalysis," then, opens by laying the foundation for a significant theme in Loewald's work, as well as a significant portrayal for us as practitioners, concerning the epistemology of psychoanalysis. Psychoanalysis is an intersubjective human science that studies individuality in the patient, and each person's own ego development is intrinsically object relational. In the room are two separate beings, each of whose mind is involved in the transference-

countertransference, each of whose mind works the same way. Yet these two people, while co-actors on the analytic stage, play different roles, have different observational stances, and have different relations to the focus of inquiry: one person's—the patient's—transferences, resistances, and fantasies are the focus of joint inquiry, whereas the analyst is a full participant, but not, except to herself, a full object of scrutiny. Of course, Loewald does not address contemporary relational or Kleinian perspectives, given the era and context in which he was writing, but we would have to infer, I think, that he would be wary of the analyst's claiming center stage or seeming to steal the show by repeatedly casting himself as the patient's primary object, or by framing everything in terms of the current relationship in the room.

PART II: INTERLUDE ON THE PSYCHIC APPARATUS

After his expansive opening section of "On the Therapeutic Action of Psychoanalysis," Loewald gives us a short interlude, one meant to solve a self-created challenge: specifically, that although he puts forth a view of therapeutic action that is interactional and object relational at its heart, the psychic changes he envisions are predominantly intrapsychic, often best described in terms of the classical metapsychologies. (As I note earlier, Cooper [1988] first noticed this contradiction; in a similar vein, I suggest [in Chodorow 2007] that Loewald may have written "Internalization, Separation, Mourning, and the Superego" partly to remind readers of "Therapeutic Action" that he still held to a structural ego psychology.) Thus, before proceeding with his argument, Loewald steps back to remind us of the metapsychological view of the psychic apparatus elaborated in his early papers, the psychic apparatus that is engaged in the treatment. No part of that apparatus is a closed system: the psychic apparatus creates and gives meaning to the environment through drives and relates cognitively and affectively to the environment through different levels of ego-reality integration and differentiation.

Loewald emphasizes his view of the psychic apparatus in order to establish grounds for an argument about the analytic relationship and therapeutic action that portrays the analyst not just as a passive mirror or object of drives, but as someone who, over the course of treatment, con-

nects to the patient and is connected to by him across different ranges of relatedness, drive organization, and defense. He reminds us of how the psyche operates and who the two people are, as subjects and psyches in the room, so that he can extend his account of what the analyst does. Having made this point, Loewald resumes the paper's developing argument.

PART III: ANALYTIC ACTIVITY, THE LANGUAGE OF INTERPRETATION, AND REINTRODUCING THE TOPOGRAPHIC

Loewald now returns to his opening themes. Beginning with the mother–child analogy and his critique of the classical mirror model, he describes the constitutive importance to subjectivity of maternal recognition and processing of what comes from the infant:

> Recognition of the infant's need on the part of the mother represents a gathering together of as yet undifferentiated urges of the infant, urges that in the acts of recognition and fulfillment by the mother undergo a first organization into some directed drive . . . . The mediating environment conveys structure and direction. [1960, pp. 237-238]

Loewald here does not mean "containment" or "holding," but *recognition:* an affective-cognitive organizing function that responds to both cognitive and affective-relational capacities, very much in the Hartmann tradition that elaborates from Freud an inextricable interdependence of cognition and affect. Specifically, Loewald's developmental theory enables us to conceptualize how cognitive and affective modalities go hand in hand in analysis, as the analyst is both cognitive and affective interactant and interpreter in relation to every ego-object stage in the patient. As Loewald later puts it, he is talking about "empathic objectivity . . . [that is,] neither insight in the abstract, nor any special display of benevolent or warm attitude on the part of the analyst" (1975, p. 360).[7]

[7] McLaughlin (2005b) follows Loewald: "I wish . . . to emphasize that working in this fashion is not an effort to be empathetic . . . . The analyst's empathy rests most legitimately in his efforts to enhance his sense of resonance with the patient through intuitive openness. Its use is always to be questioned when the analyst tries to convey empathy" (p. 221).

Anticipating Bion's (1962) description of the mother's and analyst's metabolizing beta into alpha elements, Loewald specifies the actual transformational activity that enables the interlocutor (analyst or mother) to help someone with this metabolizing. Thus, Loewald's formulation echoes Bion's and Winnicott's, but to my mind, his ego psychological explication of ego-reality and drive-object integration in both the patient/child and the analyst/mother may give him an advantage in precision. These latter analysts write in more metaphorical and intuitive modes, and their traditions, it seems to me, do not enable as clearly as does ego psychology a conceptual specification of the cognitive or structuralizing capacities of the ego, in either patient or analyst.

Given these specific Hartmannian resonances in Loewald's interactive and developmental conceptualization of analytic activity, we might surmise that a stronger Loewaldian presence in contemporary psychoanalysis, both in the United States and elsewhere, could resolve some challenging polarizations that have tended to follow from trying to put together or contrast some of the post-Freudian theories and techniques—relational, self psychological, Winnicottian—with more classical approaches (see, e.g., Treurniet 1993). For Loewald, maternal recognition, in his specific conceptualization, is a prototype for what the analyst offers. The analyst, in his view, does not oscillate or choose between oedipal interpreter and preoedipal, metabolizing, mirroring, or environmental primary-object/mother status. He is active as separate, thinking subject and intentional agent even in relation to the earliest developmental states, while also shifting his ego stance in relation to different levels of ego-reality integration in the patient.

Now, having elaborated how development works, what psychic change is, and what founds the analytic relationship, Loewald can spell out how different analytic interventions all help the patient to elaborate and specify what he or she presents. An interpretation, specifically, comprises two inseparable elements. First, it "takes with the patient a step toward true regression, as against the neurotic compromise formation" (1960, p. 240), thus helping the patient see the regressive level on which she is really operating, covered by her defenses and defensive structures. Second, by so doing, the interpretation opens for the patient the possibility of a different integration and organization:

> The analyst operates on various levels of understanding. Whether he verbalizes his understanding to the patient on the level of clarifications of unconscious material, whether he indicates or reiterates his intent of understanding, restates the procedure to be followed, or whether he interprets unconscious, verbal or other, material, and especially if he interprets transference and resistance—the analyst structures and articulates, or works toward structuring and articulating, the material and the productions offered by the patient. If an interpretation of unconscious meaning is timely, the words by which this meaning is expressed are recognizable to the patient as expressions of what he experiences. They organize for him what was previously less organized and thus give him the distance from himself that enables him to understand, to see, to put into words, and to "handle" what was previously not visible, understandable, separable, tangible. A higher stage of organization, of both himself and his environment, is thus reached by way of the organizing understanding which the analyst provides. [1960, pp. 238-239]

As Loewald describes what an interpretation is, we begin to see how he will introduce the topographic back into his ego psychology. What the defensive structures and operations cover over, in Loewald's view, are unconscious-preconscious ruptures generated not so much by repressed or primal drives or libidinal wishes as by primal intensities of meaning (Loewald [1951] has already told us that drives are not autochthonous but come into being in relation to, and as they create, objects). He says:

> The interpretation thus creates the possibility for freer interplay between the unconscious and the preconscious systems, whereby the preconscious regains its originality and intensity, lost to the unconscious in the repression, and the unconscious regains access to and capacity for progression in the direction of higher organization . . . . By an interpretation, both the unconscious experience and a higher organizational level of that experience are made available to the patient: unconscious and preconscious are joined together in the act of interpretation. [pp. 240, 242]

Interpretations are given in language. In "Therapeutic Action," Loewald anticipates those reflections that he later develops in his remarkable paper, "Primary Process, Secondary Process, and Language"

(1978b), here putting it subtly but simply: "Language, in its most specific function in analysis, an interpretation, is thus a creative act similar to that in poetry, where language is found for phenomena, contexts, connections, experiences not previously known and speakable" (1960, p. 242).

Drawing on this first insight, Loewald will later tell us just how a good interpretation works—how it makes a link between what has been an unthought known (a "thing-cathexis") and a tacitly imagined (a "word-cathexis"), how an interpretation reaches from secondary to primary process, where genuine psychic change happens (Loewald 1978b). Language is not, as we usually think of it, simply a cognitive, communicative process. Rather, words, things, and affects are from the beginning melded together in mother–infant communication, "composed from undifferentiated ingredients of the total situation or event experienced by the infant . . . [who is] immersed, embedded in a flow of speech that is part and parcel of a global experience within the mother–child field" (1978b, p. 185).

Because of this constitutive, interactive context, says Loewald, "the emotional relationship to the person from whom the word is learned plays a significant, in fact crucial, part in how alive the link between thing and word turns out to be" (1978b, p. 197). This form of experience, he goes on to say, colors and shapes communication in an analysis—the patient's ability to hear and his emotional filtering of an interpretation.

PART IV: GHOSTS INTO ANCESTORS

Loewald's concluding section provides the stunning emotional and intellectual heart of "On the Therapeutic Action of Analysis." In his opening, Loewald has challenged the view of analysis that portrays the analyst as an objective, scientific observer who corrects the distortions of transference—a view implying that termination would mean that "no further transference occurs, no projections are thrown on the mirror" (1960, p. 225). Later, he has hinted that a good interpretation brings in something desirable and intense from the unconscious. Loewald now elaborates these points, keeping in mind everything he has thus far argued: his careful documentation of the constitutive role of object relations in

ego formation; his pointing toward intersubjectivity in the analytic relationship; and his tacit claim that we need the topographic metapsychologies of unconscious and preconscious and of primary and secondary process, along with a structural metapsychology, to understand interpretation and change. Having radically expanded our view of interpretation, the analyst's role, the analytic relationship, development, language, and psychoanalysis as an intersubjective science and practice, he now returns directly to *what changes* for the patient.

Loewald begins with a rethinking of transference. Freud pointed to libido transferred from ego to objects, necessary for the formation of a transference neurosis (and therefore for analyzability) in the first place, and from infantile to later objects—the transferences classically thought to require interpretation. These object relational ("two-person") formulations, Loewald suggests, are what we generally mean by *transference,* but he wants to remind us of a topographic and intrapsychic ("one-person") meaning, one also found in Freud (Loewald's interlocutory text here is Freud 1900). Just as the day residue provides a hook for unconscious wishes and thoughts expressed in dreams, so an unconscious proto-idea can transfer its intensity to the preconscious and find expression through being covered by a preconscious thought. Unconscious ideas have force and intensity, and the preconscious is the point of attachment for these intensities.

Loewald claims that there is a striving, a "compulsion," to associate unconscious complexes with conscious ones, not only in dreams but throughout psychic life: "it has to do with the indestructibility of all mental acts which are truly unconscious" (p. 248).[8] These unconscious mentalizations, like the ghosts in Hades, become emotionally enlivened, specified, and accessible through the "blood of recognition" (p. 248), when they can connect to current objects and to preconscious and conscious life. Analysis is about helping the patient gain access to these unconscious mental acts; that is—in an evocative phrase that has found its

[8] This idea of compulsion—what Freud (e.g., 1900) calls the "need for transference"—resonates with the line of German social thought (that of Dilthey, Weber, and others) that implicitly points to what might be considered a drive to create meaning (see Obeyesekere 1990).

way even into novels (Hustvedt 2008, p. 196)—it is about turning ghosts into ancestors:

> Transference is pathological insofar as the unconscious is a crowd of ghosts, and this is the beginning of the transference neurosis in analysis: ghosts of the unconscious, imprisoned by defenses but haunting the patient in the dark of his defenses and symptoms, are allowed to taste blood, are let loose. In the daylight of analysis the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life, of the secondary process and contemporary objects. [1960, pp. 248-249]

Now fully in the topographic mode of unconscious-preconscious (and the poetic mode of light and darkness), Loewald is not talking about doing away with transferences or "resolving" the transference neurosis and substituting for it reality and a real relationship, and we can see here particularly the consequences of a topographic, in contrast to a structural, point of view. In the latter, even in Loewald's own writings (e.g., 1962, 1979), the resolution of the transference neurosis and termination lead to structuralizing internalizations and greater individuation. In the former, leading ghosts to rest as ancestors does not mean moving beyond the ancestors or the unconscious. Rather, the purpose of interpretation is to retain the unconscious, but with a "higher organization" leading "unconscious activity . . . into preconscious organization" (1960, p. 249).

Elaborating this vision, the last several pages of "Therapeutic Action" put forth a strong argument for the centrality of transference and unconscious life to life in general. The analyst's work of interpretation of transference and resistance, her recognition of the patient's psychic potential, her helping the patient with dream interpretation, the recovery of memories, and reconstructing the past, are all in the service of reestablishing "the lost connections, the buried interplay, between the unconscious and preconscious" (p. 249), of making these links live and available.

In another of his tell-it-straight critiques, Loewald says, "there is no greater misunderstanding of the full meaning of transference . . . than

[one that portrays transference as] 'a mark of man's immaturity [and] the enduring monument of man's profound rebellion against reality'" (p. 250). By contrast, for Loewald,

> . . . transference is the "dynamism" by which the instinctual life of man, the id, becomes ego and by which reality becomes integrated and maturity is achieved. Without such transference—of the intensity of the unconscious, of the infantile ways of experiencing life that have no language and little organization, but the indestructibility and power of the origins of life—to the preconscious and to present-day life and contemporary objects, human life becomes sterile and an empty shell . . . . Our present, current experiences have intensity and depth to the extent to which they are in communication [interplay] with the unconscious, infantile experiences representing the indestructible matrix of all subsequent experiences. [pp. 250-251]

Both unconscious and preconscious suffer from repression: the unconscious finds outlets through neurotic transformations that are not integrated into the rest of psychic life, and the preconscious is left without those "unconscious intensities . . . which give current experiences their full meaning and emotional depth" (p. 251). Just in case we miss how strongly Loewald feels about this, and how much he differentiates himself from those colleagues who focus on transference as a resistance, or who imply that making the unconscious conscious means overcoming the unconscious, he reminds us once again that he refers to

> . . . psychic health, [which] has to do with an optimal, although by no means necessarily conscious, communication between the infantile, archaic stages and structures of the psychic apparatus and its later stages and structures of organization. And further, that the unconscious is capable of change. [p. 254]

In concluding, Loewald turns back to the analytic relationship and to the ego and object relations with which he began. He will be a one-person, topographic, ego-structural analyst and a two-person, ego-and-object-relations, intersubjective analyst at the same time: it is through *interaction* with the analyst that the relinkage of unconscious and preconscious can come to pass. The analyst is both a source of interpretation

and observation *and* an engaged object of attachment and transference, one who recognizes through his own subjectivity and observation the particular level at which the patient is living. The external (transference-imbued) analytic relationship—the "objectivity and neutrality which is love and respect"—allows internal transference to occur between unconscious and preconscious in the patient. Emerging out of the analytic relationship, the integration of unconscious and preconscious thereby ties back to ego and object relations:

> We postulate thus internalization of an interaction process, not simply internalization of objects, as an essential element in ego development as well as in the resumption of it in analysis. The double aspect of transference, the fact that transference refers to the interaction between psychic apparatus and object-world as well as to the interplay between the unconscious and the preconscious within the psychic apparatus, thus becomes clarified. [p. 251]

Pointing again to his later work that elaborates on the full subjectivity of analyst as well as patient, and the intersubjectivity that is basic to the analytic encounter, Loewald ends by looking at the "real relationship" of analyst and patient:

> I hope to have made the point . . . that there is neither such a thing as reality nor a real relationship without transference. Any "real" relationship involves transfer of unconscious images to present-day objects. In fact, present-day objects are objects, and thus real, in the full sense of the word . . . only to the extent to which this transference, in the sense of transformational interplay between unconscious and preconscious, is realized. [p. 254]

Therefore, even at the end of an analysis, when the "transference neurosis" is supposedly resolved, and even as the patient (and the analyst, as Loewald will later tell us) has relinked unconscious and preconscious and been able, through new internalizations, to mourn and make her internal ego-object world more complex, her relationship to the analyst and the analyst's to the patient—if still worthy of living and remembering—are not without transference.

TO RECAPITULATE

A close reading of "On the Therapeutic Action of Psychoanalysis" shows how this paper, in its careful and elegant construction, unfolds a comprehensive and richly detailed account of all elements in the psychoanalytic process that together create therapeutic action. The paper opens a window into Loewald's work and into the history of psychoanalysis, providing a multifaceted prism through which each reader can further shape an analytic identity and stance.

I have tried to show that Loewald integrates, in noncontradictory ways, many positions that we have historically polarized. He is an ego psychologist who advocates for unconscious-preconscious linkages and primary process, by implication retaining the topographical perspective. He shows that ego and object, as well as ego development and the development of object relations, go hand in hand. Finally, his emphasis on object relations and interaction underpins a fully subject–subject view of the analytic encounter and of analytic change. His conceptualizations of the analyst as a new object and as a co-actor on the analytic stage; his carefully honed account of exactly how the mother recognizes her infant and thereby enables her child's development, forming a basis for his description of how the analyst needs to recognize and interpret to his patient in cognate ways; his advocacy of a third, nonpathologizing meaning of transference and of the integration of unconscious and preconscious in order to give life intensity and richness—all these form a prescient integrative vision. They create a different universe within which we can understand the psychoanalytic process, therapeutic action, and the analyst's stance, as we also seek to understand that "universe in its own right," the individual mind.

Acknowledgments: The author is grateful to Terrence Becker, Cyril Leavitt, and Braxton McKee for writing beautifully insightful commentaries when versions of this paper were presented, as well as to Ellen Pinsky, who read carefully and made invaluable comments and suggestions. Editorial readers for *The Psychoanalytic Quarterly* provided careful, generous readings and insightful observations and critique.

REFERENCES

Balsam, R. H. (1997). Active neutrality and Loewald's metaphor of theatre. *Psychoanal. Study Child,* 52:3-16.

——— (2008). The essence of Hans Loewald. *J. Amer. Psychoanal. Assn.,* 56:1117-1128.

Bass, A. (2000). *Difference and Disavowal: The Trauma of Eros.* Stanford, CA: Stanford Univ. Press.

——— (2003). Desymbolization in the third area. In *Essays in Honor of Norbert Freedman,* ed. R. Lasky. New York: Other Press, pp. 142-163.

Benjamin, J. (1988). *The Bonds of Love: Psychoanalysis, Feminism, and the Problem of Domination.* New York: Pantheon.

——— (1995). *Like Subjects, Love Objects.* New Haven, CT: Yale Univ. Press.

——— (1998). *The Shadow of the Other: Intersubjectivity and Gender in Psychoanalysis.* New York/London: Routledge.

Bion, W. R. (1962). *Learning from Experience.* Northvale, NJ: Aronson, 1994.

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

——— (2008). *Psychoanalytic Disagreements in Context.* New York: Aronson.

Chodorow, N. J. (1989). Introduction. In *Feminism and Psychoanalytic Theory.* New Haven, CT: Yale Univ. Press, pp. 1-19.

——— (1999). *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture.* New Haven, CT: Yale Univ. Press.

——— (2003a). From behind the couch: uncertainty and indeterminacy in psychoanalytic theory and practice. *Common Knowledge,* 9:463-487.

——— (2003b). The psychoanalytic vision of Hans Loewald. *Int. J. Psychoanal.,* 84:897-913.

——— (2004a). The American independent tradition: Loewald, Erikson, and the (possible) rise of intersubjective ego psychology. *Psychoanal. Dialogues,* 14:207-232.

——— (2004b). The question of a *weltanschauung*: ethnographic observations 70 years later. Paper presented as the Liebert Memorial Lecture, Columbia University Center for Psychoanalytic Training and Research and Association for Psychoanalytic Medicine. New York, October 5.

——— (2007). Reflections on Loewald's "Internalization, Separation, Mourning, and the Superego." *Psychoanal. Q.,* 76:1135-1151.

——— (2008). Introduction: the Loewaldian legacy. *J. Amer. Psychoanal. Assn.,* 56:1089-1096.

Cohen, M. B. (1952). Counter-transference and anxiety. *Psychiatry,* 15:501-539.

Cooper, A. M. (1988). Our changing views of the therapeutic action of psychoanalysis: comparing Strachey and Loewald. *Psychoanal. Q.,* 57:15-27.

Erikson, E. H. (1950). *Childhood and Society.* New York/London: Norton, 1993.

Fogel, G. I., ed. (1991). *The Work of Hans Loewald.* Northvale, NJ: Aronson.

Fogel, G. I., Tyson, P., Greenberg, J., McLaughlin, J. T. & Peyser, E. R. (1996). A classic revisited: Loewald on the therapeutic action of psychoanalysis. *J. Amer. Psychoanal. Assn.,* 44:863-924.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

FRIEDMAN, L. (1991). On the therapeutic action of Loewald's theory. In *The Work of Hans Loewald,* ed. J. Fogel. Northvale, NJ: Aronson, pp. 91-104.

——— (1996). The Loewald phenomenon. *J. Amer. Psychoanal. Assn.,* 44:671-672.

——— (2008). Loewald. *J. Amer. Psychoanal. Assn.,* 56:1105-1116.

HEIMANN, P. (1950). On counter-transference. *Int. J. Psychoanal.,* 31:81-84.

HUSTVEDT, S. (2008). *The Sorrows of an American.* New York: Henry Holt.

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

——— (1997). In search of the mind of the analyst: a progress report. *J. Amer. Psychoanal. Assn.,* 45:1035-1059.

——— (2002). Once more with feeling: on working through in the analyst and its role in the analytic process. *Psychoanal. Inquiry,* 22:599-616.

——— (2008). Hans Loewald: an appreciation. *J. Amer. Psychoanal. Assn.,* 56:1097-1104.

KAYWIN, R. (1993). The theoretical contributions of Hans W. Loewald. *Psychoanal. Study Child,* 48:99-114.

LANG, F. (2007). Hans Loewald and the transformation of passion. *Newsletter Psychoanal. Soc. New England East,* 20(1):2-6.

LEAR, J. (1990). *Love and Its Place in Nature.* New York: Farrar, Straus & Giroux.

——— (1996). The introduction of Eros: reflections on the work of Hans Loewald. *J. Amer. Psychoanal. Assn.,* 44:673-698.

——— (2003). *Therapeutic Action: An Earnest Plea for Irony.* New York: Other Press.

LEAVY, S. A. (1989). Time and world in the thought of Hans W. Loewald. *Psychoanal. Study Child,* 44:231-240.

LITTLE, M. I. (1951). Counter-transference and the patient's response to it. *Int. J. Psychoanal.,* 32:32-40.

LOEWALD, H. W. (1951). Ego and reality. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 3-20.

——— (1952). The problem of defense and the neurotic interpretation of reality. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 21-32.

——— (1960). On the therapeutic action of psychoanalysis. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 221-256.

——— (1962). Internalization, separation, mourning, and the superego. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 257-276.

——— (1966). Review of Arlow and Brenner, *Psychoanalytic Concepts and the Structural Theory.* In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 53-58.

——— (1970). Psychoanalytic theory and the psychoanalytic process. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 277-301.

——— (1971). On motivation and instinct theory. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 102-137.

——— (1972). Freud's conception of the negative therapeutic reaction, with comments on instinct theory. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 315-325.

——— (1973). On internalization. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 69-86.

——— (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 352-371.

——— (1976). Perspectives on memory. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 148-173.

——— (1978a). Instinct theory, object relations, and psychic structure formation. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 207-218.

——— (1978b). Primary process, secondary process, and language. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 178-206.

——— (1979). The waning of the Oedipus complex. In *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press, 1980, pp. 384-404.

——— (1980). *Papers on Psychoanalysis.* New Haven, CT: Yale Univ. Press.

——— (1984). Personal communication.

——— (1986). Transference-countertransference. *J. Amer. Psychoanal. Assn.,* 34:275-287.

McKee, B. (2008). Discussion of Chodorow's "A Different Universe: Reading Loewald through 'On the Therapeutic Action of Psychoanalysis.'" Paper presented at Western New England Psychoanalytic Society, New Haven, CT. May 10.

McLaughlin, J. T. (2005a). *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter.* Hillsdale, NJ: Analytic Press.

——— (2005b). Through the glass darkly. In *The Healer's Bent: Solitude and Dialogue in the Clinical Encounter.* Hillsdale, NJ: Analytic Press, pp. 201-222.

Miller, J. D. (2008). Loewald's "binocular vision" and the art of analysis. *J. Amer. Psychoanal. Assn.,* 56:1139-1159.

Mitchell, S. A. (1998). From ghosts to ancestors: the psychoanalytic vision of Hans Loewald. *Psychoanal. Dialogues,* 8:825-855.

——— 2000. *Relationality: From Attachment to Intersubjectivity.* Hillsdale, NJ: Analytic Press.

Nields, J. A. (2003). From unity to atonement: Some religious correlates of Hans Loewald's developmental theory. *Int. J. Psychoanal.,* 84:699-716.

Obeyesekere, G. (1990). *The Work of Culture: Symbolic Transformation in Psychoanalysis and Anthropology.* Chicago, IL: Univ. Chicago Press.

Ogden, T. H. (2006). Reading Loewald: Oedipus reconceived. *Int. J. Psychoanal.,* 87:651-666.

Pinsky, E. (2008). Loewald panel: discussion. *J. Amer. Psychoanal. Assn.,* 56:1129-1137.

POLAND, W. S. (1996). *Melting the Darkness: The Dyad and Principles of Clinical Practice.* Northvale, NJ: Aronson.

——— (1999). The analyst's witnessing and otherness. *J. Amer. Psychoanal. Assn.,* 48:17-48.

RACKER, H. (1953). Contribution to the problem of countertransference. *Int. J. Psychoanal.,* 34:313-324.

SCHAFER, R. (1991). Internalizing Loewald. In *The Work of Hans Loewald,* ed. J. Fogel. Northvale, NJ: Aronson, pp. 77-89.

SIMPSON, R. B. (2007). A letter to Hans Loewald. *Psychoanal. Q.,* 76:1171-1193.

SMITH, H. F. (2001). Obstacles to integration: another look at why we talk past each other. *Psychoanal. Psychol.,* 18:485-514.

——— (2007). Voices that changed psychoanalysis in unpredictable ways. *Psychoanal. Q.,* 76:1049-1063.

STOLOROW, R. D. & ATWOOD, G. E. (2002). *Contexts of Being: The Intersubjective Foundations of Psychological Life.* London/New York: Routledge.

TEICHOLZ, J. G. (2001). *Kohut, Loewald, and the Postmoderns: A Comparative Study of Self and Relationship.* Hillsdale, NJ: Analytic Press.

TREURNIET, N. (1993). What is psychoanalysis now? *Int. J. Psychoanal.,* 74:873-891.

WHITE, R. S. (1996). Psychoanalytic process and interactive phenomena. *J. Amer. Psychoanal. Assn.,* 44:699-722.

WHITEBOOK, J. (2004). Hans Loewald: a radical conservative. *Int. J. Psychoanal.,* 85:97-115.

——— (2008). Hans Loewald, psychoanalysis, and the project of autonomy. *J. Amer. Psychoanal. Assn.,* 56:1161-1187.

WINNICOTT, D. W. (1949). Hate in the countertransference. In *Collected Papers: Through Paediatrics to Psycho-Analysis.* London: Tavistock, 1958, pp. 194-203.

——— (1951). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.,* 34:89-97.

7 Meadow Way
Cambridge, MA 02138

email: nancy_chodorow@hms.harvard.edu

Volume LXXVIII, Number 4

MY EXPERIENCE OF ANALYSIS WITH LOEWALD

BY STANLEY STERN

In this article, the author draws on his experience as Loewald's analysand to explore Loewald's outlook on therapeutic action. Selected references from Loewald's writings and commentary about him from others amplify this exploration. The author also notes how his analysis informed his own development as an analyst, and comments on analytic training in the late 1960s. In addition, he describes Loewald's unique position as a linchpin between ego psychology and the contemporary analytic schools of thought that are based on a two-person psychology.

Keywords: Loewald, therapeutic action, analytic parent, analytic love, analytic training, enactments, evolutionary psychoanalysis, analytic technique, ego psychology.

INTRODUCTION

Why is there a dearth of articles written by analysts about their personal analyses with analysts who have contributed to the literature? In fact, little is known about how the latter actually practice, and what is known often indicates a significant divergence between their writing and their clinical work. Similarly, Loewald's *oeuvre,* although instrumental in the evolution of American ego psychology into a more relational model, contains little clinical material.

Stanley Stern was a Training and Supervising Analyst at the Southern California Psychoanalytic Institute and is a member of the New Center for Psychoanalysis in Los Angeles. He practices in Phoenix, Arizona.

This essay utilizes several interlocking threads: (1) My experience of analysis with Loewald and how it comports with his writings, (2) Selective references explicating that experience, (3) The role of the analysis in my evolution as an analyst, which reflects Loewald's style, and (4) One perspective of analytic training in the United States circa 1965–1970.

Mitchell (2000) writes that "it is impossible for analytic clinicians who have fallen under the spell of Loewald's extraordinary rich vision to discern how Loewald himself actually worked" (p. 47). Similarly, Smith (2007a) writes: "Of course, there is no telling whether people analyze the same way in which they write" (p. 1060).

Several of Freud's analysands, such as Hilda Doolittle (1956) and Joseph Wortis (1954), wrote about their analyses, with striking contrasts between these accounts and Freud's masterful technique papers. We have learned about Freud's breaking his own written rules (Lynn and Vaillant 1998), such as by trying to make matches between his analysands, giving advice, violating confidentiality, and so forth, which Lipton (1977) designated Freud's "definitive technique" (p. 255). Hurwitz's (1986) paper about his analysis with Loewald is revealing, but is rarely cited (more about his account later). Guntrip's (1975) seminal paper about his experience in his analyses with Fairbairn and Winnicott reveals glimpses of those analysts' technical approaches, as do Little's (1990) with Winnicott and Bacal's (2006) with Kohut and Balint. Few articles have been co-written by an analytic dyad about their mutual endeavor; in reading Ringstrom's (2006) generous and candid account of his analysis with Lindon, for example, one wonders what Lindon's perspective might have been.

Note that with Loewald's evocative writing, some readers will bring their Loewald to the reading of this paper. Along with Balsam (2008), I can offer only "my Loewald" (p. 1117). Pinsky (2008), in her discussion of a panel about Loewald, aptly says, "Each panelist in some form addresses the same question: *How did I come to Loewald and what did he give me?*" (p. 1129, italics in original). And so I will address her question.

THE ANALYSIS BEGINS

"Loewald's an artist!" exclaimed Margaret Brenman, one of my esteemed teachers at Austen Riggs Center, when she learned of my assignment

to Loewald for a training analysis. (Austen Riggs is a psychoanalytically oriented, psychiatric hospital in Stockbridge, Massachusetts, and was the northern branch of the Western New England Psychoanalytic Institute in New Haven, Connecticut.) Yes, at that time, psychoanalytic candidates were assigned to an analyst, and I had been eagerly awaiting that moment. Dr. Loewald practiced in New Haven, which would mean my driving "Sigmund Freud Highway," as Route 63 was dubbed by analytic candidates who traveled four hours round trip for analysis, supervision, and classes. There would be twice-weekly overnight trips in my 1954 red MG for late afternoon and early morning sessions, taking me away from my wife and two young sons, as well as from my work at Austen Riggs.

Ultimately, it would mean a great loss to leave that institution, where I had experienced the teaching and supervision of Erik Erikson, David Rapaport, Gene Trunnel, and Robert Knight, our medical director. In New Haven, by the good graces of the analytic institute, I could bunk in a garret attached to its library, surrounded by thousands of analytic books and journals. I reveled in the romance of it all, met with Dr. Loewald, became an analysand—and a student of psychoanalysis at last!

A bookish-looking man, slight of stature, with glasses that he occasionally pushed back, Dr. L appeared friendly, perhaps shy, and I liked him. He said little and was soft-spoken, with an indeterminate accent and slight lisp. The atmosphere in his office was warm, filled with cigarette smoke, and in our initial analytic session, I recall a sensation of diving onto the couch. This was my first therapy of any kind, and it was a relief to let go.

"I dreamt of my mother, sitting behind me as I was driving . . ."—a dream fragment recalled about seven months into the analysis. "You felt she was always on your back," he said, and I burst into tears, the first time I had cried as an adult. There was no speculation about the obvious transference implications. Unfortunately, that cathartic moment was not to be repeated for about four years.

The analytic work was filled with dreams, increasing free association, and, from Dr. L, few clarifying comments and questions. Yes, questions—one of the many interdictions of orthodox analysis at that time, hardly evidence based. My work with patients greatly improved as a result of the analysis, but curiously not from specific interpretations. Meanwhile,

our family had moved to New Haven, where I started private practice and taught in the psychiatry department of Yale University School of Medicine. I was optimistic about my future. My practice rapidly grew, and as a measure of my "progress" in analysis, I was quickly given permission to start classes and control cases; in those days of the reporting training analyst, one's progress in training was closely linked to one's progress in analysis. My four control patients—supervised by Stan Leavy, Seymour Lustman, Samuel Ritvo, and Roy Schafer—improved, and all went to termination. The contemporary political and scientific analytic zeitgeist, then as now, was a significant influence in training and analysis.

I became president of both the local Candidates' Council and the Council for the Advancement of Psychoanalysis (CAPE), the national candidates' group. Although we had at first apparently been perceived by the American Psychoanalytic Association as a threat, gradually, we were given a place in that organization. One of our central concerns, which we voiced, was the reporting done by the training analyst to the institute's Education Committee, the body that determined one's progression in the institute. "The first one's for the institute and the second is for you" was often heard. But a non-confidential analysis?—An oxymoron! I believe that we were instrumental in the subsequent abandonment of such reporting.

Three of the five in our class were analytic siblings, i.e., analysands of Loewald. Although today it seems unthinkable that analysts would simultaneously analyze friends, there was little discussion among us or in the institute about this practice. I don't recall the situation as problematic for me, and we remained good friends. Indeed, our rare comments about our analyses to each other were brief, superficial, and bantering—until one of us was dropped from training, as was another candidate, resulting in a 40% loss of our closely knit class.

Mystified about the dismissal of these candidates, now the remaining three of us engaged in considerable discussion among ourselves. We assumed that this had occurred as a result of the training analyses, since we viewed each other as equally proficient as candidates, based on our close contact in classes, friendships, and referrals to each other. Understandably, therefore, Dr. L's reporting loomed large and became trou-

bling to me. "Very little" was his response to my fearful question about what he was reporting to our Education Committee—hardly reassuring, but I accepted it. (Note that he answered directly and did not reflect back my question.) Rather than being conducted in an atmosphere of safety, analytic training at that time was carried out in one of fear, with subjugation to the Education Committee and the training analyst. There was a certain acceptance of that atmosphere, and it may be difficult for analysts trained since then to comprehend both the fear and the acceptance of that fear.

There are few studies describing the impact on the developing analytic candidate of reporting by the training analyst, and this could be a fruitful area of research. My hypothesis is that the training of several generations of analysts done in an environment of fear has hampered original, creative growth in our field. It is a testament to the vitality of analysis that it has continued to evolve beyond the rigidity of that era.

What was the impact of Dr. L's reporting about my analysis? It's difficult to assess. There was no further discussion in the analysis, but in retrospect, I believe that it somewhat impeded my progress until an event I will describe in what follows. I feel fortunate that Dr. L was among the most compassionate of analysts at that time, devoid of an authoritarian attitude, which helped me accept the situation.

Despite my concerns, I felt that the analysis was progressing. My analytic and therapeutic skills continued to develop and symptom relief occurred, but, interestingly, not from specific interpretations made by Dr. L. Memories of my father, who *had died when I was five,* were of deeply felt love but not of deeply felt loss—for whatever combination of idealization, oedipal victory, guilt, and the like that this represented. I realized that I had delayed mourning him, and gradually during the early phase of analysis, that mourning began to occur, much in the way that Loewald (1960) wrote about ghosts being transformed into ancestors. *Long after my analysis, I learned that Loewald's own father had died when he was an infant.* Citing McKee, Balsam (2008) notes that, as a child, Loewald talked "to his long-dead father as an imaginary companion" (p. 1118).

And yet, after almost four years of analysis, I felt that my progress had reached a plateau, and didn't feel that I was experiencing the

"opening up of my soul" that I longed for, felt capable of, and witnessed in some of my patients. "You don't see the poetry in me," I lamented to Dr. L. Then, with trepidation about the fate of my training, I voiced my concerns about plateauing. Dr. L shared my concerns—which further concerned me—but rather than exploring this directly in the analysis, as I recall (and I acknowledge that memory can be problematic), he suggested that we increase the frequency of our sessions from four to five per week, which we did. In retrospect, I see this as a turning point in the analysis—perhaps a dramatic one.

Was Dr. L's suggestion an interpretation in action? An enactment? Wow! I was shocked, deeply moved, and thought, *"He really cares about me."* Then, for the next two and a half years, until termination, I was more emotionally open to him, felt and expressed loving feelings for him, lost the fear of his reporting, and experienced increasing freedom in my associating. His tone exuded greater warmth, and indeed there was now a friendly atmosphere. This was not a didactic exercise; I wanted to make further progress in the analysis and trusted that the outcome of my training would take care of itself. I can't know what might have transpired had Dr. L pursued an exploratory intervention, but I do know that his recommendation worked!

Writing this article has stimulated further self-analysis. It is a complex weave. Perhaps it was my sense of his caring, coming from a father figure that opened my soul; he didn't give up on me—as my father had done by dying. *And what was the contribution of Dr. L's loss of his own father to his empathic resonance with me?* I feel deeply moved as I write this and recall a scene from the film *An Officer and a Gentleman,* in which the character played by Richard Gere poignantly responds to his sergeant's question of why he doesn't give up the punishing training by saying, tearfully, something like, "I don't have anywhere else to go."

A scene from the English film *Random Harvest* also occurs to me in this context, one in which Ronald Colman's character, suffering from amnesia for many years, finds his way home at Christmas, knocks on the door, and one of his grown children, not recognizing him, laughingly says something like, "Oh, let's give the old bum something to eat!" I guess I felt that, at this point in my analysis, I had come home again.

THERAPEUTIC ACTION

Note that classical transference work and genetic reconstruction played minimal roles in Loewald's view of therapeutic action.[1] So what was it about his style that was analytically healing? Citations from his writings and commentaries from others are integral to my attempting to understand the answer to this question.

Loewald writes that "psychoanalysis . . . requires an objectivity and neutrality, the essence of which is love and respect for the individual and for individual development" (1960, p. 229). And then: "Scientific detachment in its genuine form, far from excluding love, is based on it . . . . In our best moments of dispassionate and objective analyzing we love our object, the patient, more than at any other time and are compassionate with his whole being" (2000, p. 297). In commenting on this statement in a eulogy to Loewald, Lear, who had studied with him and considers him a mentor, said, "That, I think, is a line God could have written." Lear went on to say, "For me, the . . . blessing . . . was the opportunity to get to know Hans: to become his student, his friend, and, in the sense Plato would have understood, his lover" (1993, p. 5).

To write about "love" for patients in 1960 was revolutionary, unlike now. Fogel wonders whether Loewald's conception of love might be like that of Winnicott: as a "quality of acceptance and attunement that contains and facilitates, a quality that more or less *transcends* love or hate in the ordinary sense" (Fogel quoted in Fogel et al. 1996, p. 898, italics in original). I don't think we can classify love or hate in an "ordinary sense"; instead, perhaps we can speak of *analytic love*—a term that had occurred to me, but one I hadn't seen in the literature until I read Pinsky's (2008) lyrical article about Loewald (see p. 1132)—or perhaps *analytic affection* or *analytic intimacy*. Dr. L's recommendation of increasing the frequency

[1] *Therapeutic action* is an elastic psychoanalytic term, perhaps first used by Strachey (1934). It has since been variously used by different analytic authors with little consensus among them. An excellent discussion in *The Psychoanalytic Quarterly's* 2007 supplement, edited by Sander Abend, explicated this wide range of usages. I agree with Smith's (2007b) comment that "a determination of what is therapeutic in analysis might usefully begin with the study of what analysts do and the effects of what they do" (p. 1740), and I use *therapeutic action* with that comment in mind.

of my sessions could be seen as a form of that analytic love, or "provision," as Lindon (1988) might have described it.

I reported a dream to Dr. L, of a lion and a lamb lying peacefully in the jungle, as in a Rousseau painting, *The Peaceable Kingdom*. He concurred with me about what I saw as my struggle to integrate loving and hateful feelings, but now I think about the obvious transference implications. Those we didn't fully explore, save for his comment that *Loewald* means a "lion in the woods." Now that was a rich association! (I had studied German in college.)

Why were there so few explicit transference interpretations in my analysis? Did "we" both shy away from more overtly addressing transference concerns? Did Dr. L feel that the analytic process was "good enough"—replete with a pervasive parental transference, not requiring more explicit transference interventions? In effect, was I was living out the transference and recapturing the relationship with my father? I wonder what he would have said in response to these questions, and I wish that I could have had further time with him after I had matured as an analyst.

How different was he in his treatment of other analytic candidates? Hurwitz (1986) wrote about his two training analyses, the second of which was with Loewald. Because Hurwitz called his analysts "Drs. X and Y," Loewald's name doesn't appear in the paper and therefore it's rarely cited.[2] In Hurwitz's account, his first analyst is portrayed as authoritarian, rigid, and sadistic. In marked contrast, Loewald was warm, humane, and interactive, enabling Hurwitz to complete a successful second analysis and to neutralize the effects of the first one. (Ironically, I had at first been assigned to Dr. X for my training analysis, and indeed it was his rigidity that precluded our working together. Later, I found him more flexible as an instructor.)

In Hurwitz's account, Loewald comes across as even more open and nurturing than in my experience with him. Of course, Hurwitz was a different analysand, and his analysis took place a decade later. Assignment of and reporting by the training analyst had ceased, and perhaps

[2] I am grateful to Rosemary Balsam (2008), an analyst at Western New England Psychoanalytic Institute, who identified both analysts, Dr. Y being Loewald. I was saddened by Moe Hurwitz's untimely death in 2002.

by then, Loewald felt more secure in his therapeutic action—particularly in a second analysis following one conducted in an atmosphere of deprivation. During my analysis, he was still being vilified by the analytic establishment, which I personally witnessed at a meeting of the American Psychoanalytic Association at which he presented a paper.

Only rarely did Dr. L comment about my own analytic work. On one occasion, he was quick to note that what I was recounting about my patient's erotized transference was of an oedipal nature. He recommended that I read what one of my patients was reading. What might it have been like to have had a period of supervision with Loewald some years following the analysis? Guntrip (1975) writes of frequent, collegial sessions with his analyst Fairbairn, immediately following their sessions, which apparently enhanced Guntrip's analysis. Might this modality be worthy of consideration as a technical option?

At times, Dr. L was our instructor in classes, and to my surprise, this break in abstinence—curiously, one that was never discussed in the analysis or in the institute—furthered the depth of our work. To observe one's analyst in other contexts is obviously a form of analyst disclosure. Perhaps my seeing him as a teacher made me feel closer to him. As I had learned at Riggs, abstinence is nuanced, not absolute. Of course, there were also times when I was annoyed with him—e.g., when I saw him sitting in his parked car rather than joining me on the steps of the institute, where I waited for him to unlock the door for our evening class. It seemed obvious that he had seen me, but neither of us commented about the "sighting." The complexity of rules, transference, therapeutic alliance, and the real relationship commingled (Greenson 1967), and I absorbed the lessons provided by that complexity.

"You know, Hartmann died," Dr. L confided to me. I was touched by his sadness, surprised by his openness, and I empathized with his loss. Now I wonder if that was an implicit reference to the early mutual loss of our fathers. Ehrlich (2005) and Cooper (1988) also write of Loewald's emphasis on openness and interaction between the patient and analyst. And yet Dr. L was mostly silent with me, a silence that was strangely comforting, perhaps a corrective emotional experience to my mother's intrusiveness. Indeed, Balsam, who was in supervision with Loewald, serves as a counterpoint to those whose exegesis is apparently only from the van-

tage point of Loewald's papers; she writes of his spare clinical approach: "He himself was restrained as an analyst, and chose words economically and carefully" (1997, p. 6). She goes on to say that Loewald's writings could be seen as evidence of his offering himself as a new object to the patient, but in her experience with him, his role was to help illuminate old objects.

Silverman (2007), by contrast, in writing about Loewald, says that:

> The analyst is . . . afforded an opportunity to use the power conferred by the analysand to become a new oedipal and pre-oedipal parent—that is, to function as a guide and assistant who is perceived simultaneously and alternatively as an omniscient, omnipotent being whom the analysand desperately needs. [p. 1164]

Perhaps with me, Dr. L was both a new object and illuminated old objects.

One day, with what I heard as worried concern, he asked if I was having an affair with my attractive, female group co-therapist. "No," I replied with some annoyance, as if I had been scolded by a parent, and yet I also experienced his question as protective.

"You'll have beautiful patients, too," Dr. L said consolingly, in response to my jealous lament about the women I saw exiting his consultation room: Now that was comforting; he seemed like an oedipal father, letting me know that there are many other women out there and he didn't have them all. But again, this was in lieu of a more orthodox oedipal exploration and interpretation. Is that any way to interpret to a candidate? Of course it was! It was liberating for me in my development as an analyst.

"You can't live with 'em and you can't live without 'em" was his uncharacteristically colloquial comment in response to my recounting marital tensions, which I have since said to some of my patients. And when I was caught up in one of those eternal questions about the purpose of life, Dr. L declared, with existential vigor, "To live!" This I have often remembered.

As I associated to the film *Last Year at Marienbad,* he joined in with active questioning about the film, and then we had a spirited discus-

sion when I spoke of having seen an exhibit of Cezanne's later work. Indeed, with the latter, there was a collegial tone to our discussion, and I remember thinking that perhaps Dr. L was identifying with Cezanne.

When I struggled to describe some dream images, he suggested that I draw them, and handed me a pad and pen—another formative intervention of "breaking the frame." He transmitted a fathering/mentoring quality as part of the real relationship. Perhaps these are examples of what Chodorow (2003) means when she writes that "Loewald is in favor of a constant intertwining of conscious and unconscious, of transference and reality, such that . . . any single thought or feeling is multiply embedded in and creates both realities" (p. 906).

Loewald's style, not easily classified, contains elements of his exposure to interpersonal analysis, with an emphasis on object relations—perhaps garnered from his professional experiences in the Baltimore/Washington, DC area, where Sullivan worked. McLaughlin, deeply appreciative of Loewald's work, offered a clinical vignette from his own practice, in lieu of Loewald's doing so, and gracefully wrote: "I see [my] enactments as the basic nutriment, the bread and butter, that sustains the shared struggle of analytic work. I think this is what Loewald (1960) had in mind when he spoke of integrative and disintegrative analytic experiences" (McLaughlin in Fogel et al. 1996, p. 906). Fogel, in commenting about McLaughlin's vignette, captures my experience of Loewald's interventions*:* "While these were not 'classic' interpretations, such interventions are based on skills that analysts spend their lives developing and refining . . . . *We need to find ways to characterize these imaginative, intuitive, and difficult-to-explicate analytic skills and events*" (Fogel in Fogel et al. 1996, p. 913, italics added).

Mitchell (1988) emphasizes Loewald's use of language in the analytic situation: "We use language not only to convey meanings and to clarify situations but to evoke states of mind, to generate and link domains of experience" (p. 839). This also helps me understand Loewald's interventions. Mitchell expresses it most poignantly: "For Loewald, only the enchanted life is worth living" (p. 854).

Dr. L asked if my characteristically holding the back of my hand over my forehead was in order to look at my watch. I felt annoyed by his question and we explored my gesture. For much of the analysis, I kept

my eyes shut ("eyes wide shut"), which stimulated my considerable spontaneous visual imagery, a rich source of analytic material. (My second control patient had a profusion of such imagery, and I chose that topic for my graduation paper.)

Did I ever miss a session? I don't think so, even on the day of celebrating my wife's receiving her graduate degree. Yes, I left the celebration midway to rush to my analytic hour—not something I would do today.

Dr. L's office, but a block away from mine, was in one of those old, well-preserved New England homes replete with interesting architectural details, such as the bowed window in his large, light-filled waiting room, in contrast to his intimate, softly lit consultation room. His chair abutted the back of the couch, which added to the intimacy, as did his cigarette smoke and the blanket on the couch. Vivid in my memory is a sculpture of a horse and rider atop a bookcase; I never realized its most obvious transference meanings, until now.

On one occasion, I reported that a pedestrian had fallen into the right lane of a highway on which I was driving in the left lane. Luckily, traffic was slow, and vehicles were able to stop in front of the pedestrian. I kept on driving, thinking that other drivers would contact the police; Dr. L seemed surprised that I reported the event to him with apparently little emotion. I was surprised by his surprise, which led to an exploration of my mother's worrying attitude about my health, and my apparent counter-reaction by remaining cool in emotional situations. During the analysis, as noted, I gradually became more emotionally open. Dr. L's speech was soothing, almost musical; Chodorow (2003) highlights Loewald's musical tone in his writings. Mitchell (2000) writes of Loewald's grieving mother singing to him and playing Beethoven sonatas while he was still in a crib.

After my analysis had ended, I met Dr. L by chance on the street. My sister had just died, and our analytic community was aware of this. He consoled me and spontaneously touched my arm. I was deeply moved by his gesture, which captured the atmosphere of the real relationship—i.e., a caring, nonjudgmental attitude in the analytic situation. Bacal (2006) writes about a perfectly timed, affectionate, apparently uninterpreted hug from Kohut, his analyst, a response that "had specific and profound

meaning" (p. 149). He goes on to cite Fosshage (1998) about the complexity of patients' needs beyond interpretation. Similar to my situation with Dr. L, Bacal describes a dearth of memories of what Kohut said, and instead recalls Kohut's "acceptance and optimism, delivered with warmth and kindness" (2006, p. 149). Hurwitz (1986) also noted that it was more difficult for him to recall specific comments from Loewald—in contrast to his experience with his first, "orthodox" analyst. Perhaps this is what Pinsky (2008) refers to as Loewald's "analytic attitude" and what Margaret Brenman had in mind when she called Loewald an "artist."

Experiences of being touched and hugged by one's analyst—as well as Little's (1990) experience of Winnicott holding her head (shades of Freud's early technique) and her hands—offer poignant moments in analyses, as described by prominent analysts in recollecting their own analyses; such events are largely undocumented by the treating analysts themselves. These reported enactments contribute invaluable insights to the canons of technique. Of course, we are acutely aware of the damaging transgressions committed by some analysts, and of the need to transmit to our practitioners the crucial boundaries of the analytic situation. We trust that the analyst has the wisdom to identify those enactments which ultimately serve the patient's interests.

In describing an effect similar to that of Loewald's touch and Kohut's hug, Alice Colonna (2006) writes of her analyst, Anna Freud, that "she always remained a real person in the midst of our work. She did not believe that the transference was the only important part of an analytic relationship" (p. 8). Guntrip (1975), writing about his analytic experiences with Fairbairn and Winnicott, said that analysis "is a process of interaction, a function of two variables, the personalities of two people working together towards free spontaneous growth" (p. 155).

A significant function that Dr. L fulfilled for me was that of an "analytic parent" (a term that I haven't seen in the literature); he was nurturing to me and offered himself as someone with whom I could identify. Indeed, central to Loewald's conception of the analyst's role is that the analyst functions at a higher level of organization than the patient, making the analytic relationship analogous to that between an ideal parent and a child. Lear (2000) writes that the analyst's attitude is like that of a "loving mother toward her child" (p. xxi), similarly to Bass

(1991, p. 118). Mitchell (2000) notes Loewald's "radical, mutual openness and engagement" (p. 48) with the analysand, and also comments on the analyst's function as a parent: providing appropriate educational input, encouragement, and reassurance. (Of course, the parenting function of an analyst is controversial, even today.)

Some years after my analysis, I met with Dr. L to discuss a troubling matter of my own about which I thought he might feel uneasy. But he was affable, even humorous and reassuring, which led to the issue's resolution. Our meeting was a pleasant counterpoint to situations at social events during my analysis, when the prevailing behavior of both members of the analyst/analysand dyad was to studiously ignore each other.

Chodorow's (2003) wish for a school of Loewaldians would have amused Loewald, I think, both because of its lack of euphony (I remember his spirited discussion with Stan Leavy about the need for a graceful and precise style in psychoanalytic writing) and because of what I experienced as his humility, despite his reputation. Lear (2003) reports that in their last mentoring sessions, Loewald expressed his hope that there would never be a Loewaldian. *Indeed, those were his last words to Lear* (p. 18). Lear writes that Loewald had "devoted his life to . . . a kind of questioning that was in itself a form of life. It was his life. His point was not to come to an end in a body of doctrine, a fixed set of answers" (p. 24). And without any explicit reference to this by him in my analysis, I have been invested in questioning analytic doctrine. (It is only with the writing of this paper that I have realized the likely influence of Dr. L in this regard.)

Dr. L never commented about the rigidity of orthodox analytic technique, as practiced by others, which contrasted with his own. Silverman (2007), in his excellent overview of Loewald's contributions, writes that "he never succumbed to the temptation to belittle or scoff at the achievements of his predecessors in order to elevate himself to a position of preeminence or superiority" (p. 1153).[3] A comment by Fogel, made almost fifteen years ago, was indeed prescient: "Eventually, I believe that

[3] Silverman's article from which this quotation is taken accompanies *The Psychoanalytic Quarterly's* republication of a 1962 Loewald article. In 2008, the *Journal of the American Psychoanalytic Association* published seven articles about Loewald based on an American Psychoanalytic Association panel.

he will be remembered as one of the great psychoanalytic thinkers of his generation—too far ahead of his time to have received his full due in his lifetime" (Fogel in Fogel et al. 1996, p. 863).

Loewald may stand as unique in that era: while carefully crafting his contributions in classical terms, he breathed new life into static concepts, thereby expanding ego psychology—an expansion that presaged and gave impetus to the relational turn in analysis.[4] In the context of our field's burgeoning pluralism, Loewald is often credited as the linchpin between ego psychology and the current emphasis on a two-person psychology (Chodorow 2003; Ogden 2006).

Mitchell (1988), a leading proponent of relational analysis, wrote that Loewald "has become my favorite psychoanalytic writer" (p. 828).[5] Relational analysis is perhaps the broadest evocation of Loewald's vision. Smith (2001) aptly noted that Loewald—"lionized by both" the relationalists and the ego psychologists—was "an integrator who did not rely on stereotyping" (p. 487). And, in contrast to Mitchell, Chodorow (2008) deemed Loewald a "hybrid" (p. 1091), given that his writings, although relational in their clinical import, theoretically rest foremost on his grounding as a Freudian ego psychologist.

Was this "my" analysis? In modern relational analytic terms, how can it not have been "our" analysis? Even though the analysis took place in the days of "one-person analysis"—and, in many ways, Loewald was a one-person analyst—in retrospect, what I most recall are the relational moments, as is also reflected in the accounts of other analysts who have written about their analyses (e.g., Bacal [2006] and Hurwitz [1986]). Loewald's outlook was radically relational for that time, and my experiences with him reflect that orientation. As Loewald himself writes, "In psychoanalysis it becomes increasingly clear that interactional processes—those that are intra-psychic and inter-psychic ones, and these two in their interactions—are the material of investigation, epitomized and highlighted in the psychoanalytic process" (2000, p. xli). So, just as one

[4] Like Mitchell and Black (1995), I use the term *relational* to encompass object relations, intersubjectivity, self psychology, interpersonal analysis, and so on, although I understand the nuanced distinctiveness of each modality.

[5] Mitchell's death in 2000 was a great loss to our field; he had spoken to me of Loewald's profound influence on him.

can dip into his writings and find his/her own Loewald, I found mine in my analysis with him.

I have long considered that the best analytic writing is "evolutionary," and I believe that the term describes Loewald's writings. His work, rather than being limited to a specific category, recognizes the mutative quality of theory and technique, currently exemplified in our literature by the increasing attention paid to the analyst's personality and theoretical orientation. Freud, too, was evolutionary in his writing—unlike many of his followers whose work failed to evolve. At a meeting, I heard Loewald retranslate the classic line "Where id was, there shall ego be" to "there shall ego *become*," again capturing the fluid, evolving process of analysis.

"On the Therapeutic Action of Psychoanalysis" (1960) is Loewald's most highly regarded paper. As a Training Analyst, I have used that paper in classes with analytic candidates and therapists. Indeed, my analysis, occurring after he wrote it, is a revealing testimony to Loewald's outlook on therapeutic action and to my development as an analyst. As I continue to "become" an analyst, I aspire to "decenter"—to work from an inclusive point of view and integrate relational practices with so-called classical analysis, eschewing the Procrustean bed of any orthodoxy. In my view, our field is beset by a quest for the apparent certitude of orthodoxy.

Hurwitz's (1986) thesis, developed after his own analytic experiences with two different analysts, is that "just as different parents produce different children, different analysts produce different analysands" (p. 463), and he noted that his style of analyzing changed after his analysis with Loewald. Jacobs (2008) makes a similar point, as does Simon, who had four different analysts; Simon (1993) concludes that "major differences in personality and temperament of the four analysts made a substantial difference in the experience of analysis" (p. 1051). This is no less crucial in the analysis of future analysts, whose own analyses will shape their analytic approach with their patients.

COMPARING LOEWALD'S THERAPEUTIC ACTION WITH MY ANALYTIC EXPERIENCE

So, in retrospect, and seeing the issues with greater clarity as a result of writing this paper, which has been a further working through of the

analysis, how do I compare Dr. Loewald's outlook on therapeutic action with my analytic experience? I believe that my experience reflects the "essential Loewald" and is consonant with his writings. It seems that with me, he was both an analyst *of his time*—steeped in structural theory, often silent, sparing of comments, and *ahead of his time*—relating in a surprisingly intimate manner, utilizing enactments and clarifications together with classical technique. I experienced a core attitude from him of being nurturing, nonjudgmental, and functioning as an analytic parent. With these elements, the interrupted mourning for my father was once again set in motion. Following that, perhaps I needed to "refind" my lost father, and Dr. L offered himself as a transference object. His uncanny capacity to look at my struggles, first from one aspect, then another, and then yet another, enabled me to experience and entertain multiple perspectives; Chodorow (2003), in her elegant essay, writes of Loewald's encompassing of polarities, as do Ehrlich (2005) and Ogden (1991), who note this as one of Loewald's central themes. In Loewald's words: "Truth is not absolute or one-directional. Contradiction, conflict . . . new resolutions of dissonances—these are at the center of life and the mind's life" (1988, p. 8).

As I recall my analysis, I experience mourning for Dr. L, for the analysis, and for my parents. I have increasingly appreciated Dr. L's spare approach. While he was at my back, he was never "on my back." And, concomitantly, I am more grateful to both my mother and father for all that they gave me. I have been able to forgive Dr. L and my parents for what I did not receive, and to feel gratitude for what I have received. The analytic atmosphere of acceptance, compassion, and analytic love has allowed me to more "freely associate," to increasingly trust my thoughts and feelings, and to find my own voice. I trust that in the future more analysts will tell us about their analytic experiences.

Acknowledgments: The author thanks Drs. Barbara Levy and Barrie Richmond for their helpful suggestions about this paper.

REFERENCES

Bacal, H. A. (2006). Specificity theory: conceptualizing a personal and professional quest for therapeutic possibility. *J. Psychoanal. Self Psychol.,* 1:133-156.

Balsam, R. H. (1997). Active neutrality and Loewald's metaphor of theatre. *Psychoanal. Study Child,* 5:3-16.

——— (2008). The essence of Hans Loewald. *J. Amer. Psychoanal. Assn.,* 56:1117-1128.

Bass, A. (1991). Review essay. *Psychoanal. Dialogues,* 2:117-131.

Chodorow, N. (2003). The psychoanalytic vision of Hans Loewald. *Int. J. Psychoanal.,* 84:897-913.

——— (2008). Introduction: the Loewaldian legacy. *J. Amer. Psychoanal. Assn.,* 56:1089-1096.

Colonna, A. (2006). Interview with Alice Colonna. *Associations: A Newsletter of the Western New England Psychoanal. Soc.,* 13:5-11.

Cooper, A. (1988). Our changing views of the therapeutic action of psychoanalysis: comparing Strachey and Loewald. *Psychoanal. Q.,* 57:15-27.

Doolittle, H. (1956). *Tribute to Freud.* New York: Pantheon Books.

Ehrlich, R. (2005). Loewald's approach to analytic theory. *Psychoanal. Q.,* 74:801-834.

Fogel, G., Tyson, P., Greenberg, J., McLaughlin, J. & Peyser, E. (1996). A classic revisited: Loewald on the therapeutic action of psychoanalysis. *J. Amer. Psychoanal Assn.,* 44:863-924.

Fosshage, J. (1998). Optimal responsiveness and listening/experiencing perspectives. In *Optimal Responsiveness: How Therapists Heal Their Patients,* ed. H. Bacal. Northvale, NJ: Aronson, pp. 175-190.

Greenson, R. (1967). *The Technique and Practice of Psychoanalysis, Vol. 1.* New York: Int. Univ. Press.

Guntrip, H. (1975). My experience of analysis with Fairbairn and Winnicott. *Int. Rev. Psychoanal.,* 2:145-156.

Hurwitz, M. R. (1986). The analyst, his theory, and the psychoanalytic process. *Psychoanal. Study Child,* 41:439-466.

Jacobs, T. J. (2008). Hans Loewald: an appreciation. *J. Amer. Psychoanal. Assn.,* 56:1097-1104.

Lear, J. (1993). Eulogy to Hans Loewald. *Associations: A Newsletter of the Western New England Psychoanal. Soc.,* 2:5.

——— (2000). *The Essential Loewald: Collected Papers and Monographs.* Hagerstown, MD: Univ. Publishing Group.

——— (2003). *Therapeutic Action: An Earnest Plea for Irony.* Newark, NJ: Other Press.

Lindon, J. (1988). Gratification and provision in psychoanalysis. *Psychoanal. Dialogues,* 4:549-582.

Lipton, S. D. (1977). The advantages of Freud's technique as shown in his analysis of the Rat Man. *Int. J. Psychoanal.,* 58:255-273.

Little, M. (1990). *Psychotic Anxieties and Containment.* Northvale, NJ: Aronson.

Loewald, H. W. (1960). On the therapeutic action of psychoanalysis. *Int. J. Psychoanal.,* 41:221-256.

———— (1988). *Sublimation: Inquiries into Theoretical Psychoanalysis.* New Haven, CT: Yale Univ. Press.

———— (2000). Analytic theory and the analytic process. *The Essential Loewald: Collected Papers and Monographs,* ed. J. Lear. Hagerstown MD: Univ. Publishing Group.

Lynn, D. J. & Vaillant, G. E. (1998). Anonymity, neutrality, and confidentiality in the actual methods of Sigmund Freud. *Amer. J. Psychiatry,* 155:163-171.

Mitchell, S. J. (1988). From ghosts to ancestors: the psychoanalytic vision of Hans Loewald. *Psychoanal. Dialogues,* 8:825-855.

———— (2000). *Relationality*: *From Attachment to Intersubjectivity.* Hillsdale, NJ: Analytic Press.

Mitchell, S. J. & Black, M. J. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought.* New York: Basic Books.

Ogden, T. H. (1991). An interview with Thomas Ogden. *Psychoanal. Dialogues,* 1:361-376.

———— (2006). Reading Loewald: Oedipus reconsidered. *Int. J. Psychoanal.*, 87:651-666.

Pinsky, E. (2008). Loewald panel: discussion. *J. Amer. Psychoanal. Assn.,* 56:1129-1138.

Ringstrom, P. A. (2006). Moments of an analysis: my view from John Lindon's couch. *Int. J. Psychoanal. Self Psychol.,* 1:79-102.

Silverman, M. A. (2007). The psychoanalyst as a new old object, an old new object, and brand new object: reflections on Loewald's ideas about the role of internalization in life and in psychoanalytic treatment. *Psychoanal. Q.,* 76:1153-1169.

Simon, B. (1993). In search of psychoanalytic technique: perspectives from on the couch and from behind the couch. *J. Amer. Psychoanal. Assn.,* 41:1051-1082.

Smith, H. F. (2001). Obstacles to integration: another look at why we talk past each other. *Psychoanal. Psychol.,* 18:485-514.

———— (2007a). Voices that changed psychoanalysis in unpredictable ways. *Psychoanal. Q.,*76:1049-1065.

———— (2007b). In search of a theory of therapeutic action. *Psychoanal. Q.,* 76:1735-1761.

Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.,* 15:127-159.

Wortis, J. (1954). *Fragments of an Analysis with Freud.* New York: Simon & Schuster.

3104 East Camelback Road, No. 601
Phoenix, AZ 85016

e-mail: ssternmd@msn.com

Volume LXXVIII, Number 4

SIGMUND FREUD'S PRACTICE: VISITS AND CONSULTATION, PSYCHOANALYSES, REMUNERATION

BY CHRISTFRIED TÖGEL

This paper provides an overview of the quantitative side of the systematic records kept by Freud on his practice. He left precise records of the duration, frequency, and fees of psychoanalytic treatments. These statistics are compared with the treatment duration and frequency customary in present-day psychoanalytic practice in German-speaking countries. The results suggest that, regarding frequency and duration and their relationship, there is little difference between Freud's psychoanalytic practice and that of the present day.

Keywords: Freud's patients, Freud's practice, frequency of treatment, length of treatment, remuneration.

For certain periods of Freud's practice, there are detailed and so far unpublished notes. Their review provides abundant information on the quantitative aspects of Freud's activity, and we are thus able to find out how many patients Freud had and what he earned for their treatments. Information on certain aspects of his practice (such as consultation workload, number of patients, their social origin, length and frequency of treatment, amount of remuneration) can be found in some of Freud's letters: from the end of April until the end of July 1886 in the "*Braut-*

Christfried Tögel is Head of the Sigmund-Freud-Center, SALUS-Institute, in Magdeburg, Germany.

A version of this paper was previously published in German as "*Sigmund Freuds Praxis. Visiten und Ordination—Psychoanalysen—Einnahmen*," in *Psyche,* 60(9/10):860-880 (2006).

briefe"; from the end of 1887 until the beginning of 1902 in correspondence with Wilhelm Fliess and in Freud's letters to his wife, Martha; and later on in the exchange of letters with pupils, colleagues, and relatives. However, it is on the basis of additional documents cited in this paper that we can analyze the information concerning longer periods of time.

There are various reasons why Freud recorded these details so diligently. For one, he might have needed such records for his tax returns. One must also bear in mind that Freud had a characterological tendency to note and calculate numbers; it is by no means a coincidence that he was so sensitive to Fliess's number speculations and his theory of periodicity (cf. Freud 1985, *passim*). Naturally, no governmental authority expects a declaration regarding how the real income of a taxpayer compares to his/her desired target. Over many years, however, Freud attempted just such a comparison; his detailed notes on his activities as a practitioner reflect the need for control that he experienced throughout his lifetime.

FREUD'S SYSTEMATIC RECORDS OF HIS PRACTICE

This review utilizes the following documents, which are described in Table 1:[1]

1. The so-called *Kassa-Protokoll* (Freud, unpublished, a).
2. Fee List I (Freud, unpublished, b).
3. The Patient Calendar (Freud, unpublished, c).

Period	Document	Content
January 1896 – December 1899	Kassa-Protokoll	Patient's name, surname, occupation (if applicable) Address Date of visit * Date of consulting hour * Amount of remuneration

[1] The tables in this article were previously published in Tögel 2006.

Period	Document	Content
October 1906 – October 1921	Fee List I	Freud's absolute daily income Cumulative weekly income Cumulative monthly income Cumulative yearly income Difference to expected income
October 1910 – December 1920	Patient Calendar	Patient's name Date Number of hours per day Number of hours per month
June 1938 – July 1938	Fee List II †	Name of source (patient or publisher) Date Amount of income

* Note: We do not know how Freud defined a "visit" as distinct from a "home consultation" (*Hausordination*).

† This document is not discussed in the present paper.

TABLE 1: Freud's Notes on His Activities as a Practitioner

One may hypothesize that Freud also noted the length of treatment and amount of remuneration for the period 1900–1905, as well as between 1922 and mid-1938. Most likely, however, these notes have been lost or thrown away. Most of them were probably destroyed in 1938, before Freud's move from Vienna to London (see the letter from Sigmund Freud to Abraham Brill, December 26, 1938; Brill, unpublished).

Opening of the Practice

The official beginning of Freud's first practice at Rathausstraße 7 dates from April 25, 1886, and is announced in the *Neue Freie Presse*. Freud had just returned to Vienna from a five-month stay in Paris and Berlin. Following his wedding to Martha Bernays in Hamburg on September 13, 1886, and their return from their honeymoon on September 29, the couple rented an apartment in the *kaiserlichen Stiftungshaus*, the so-called *Sühnhaus* at 8 Maria-Theresien-Straße, where Freud resumed his practice on October 4, 1886. On September 12, 1891, the couple moved to 19 Berggasse, where Freud maintained his practice rooms until he emigrated on June 4, 1938.

When Freud moved into his first practice at Rathausstraße 7, he purchased a wide sofa with an arched back (letters from Sigmund Freud to Martha Bernays, April 14 and 15, 1886—Freud, unpublished, d). A year earlier, he had covered it with a Smyrna carpet he had received as a gift from his cousin Moritz Freud, a carpet trader (letter from Martha Bernays to Sigmund Freud, March 24, 1885—Freud, unpublished, d).[2] In 1890, Freud received as a gift from Signora Benvenisti, a thankful patient, a new sofa (Bonaparte, unpublished), on which he treated his patients and which to this day is covered with the same carpet.

Sixty years later, Martha recalled the early phase of Freud's consultations during a conversation with her niece, Lilly Freud-Marlé, the daughter of Freud's sister Maria (Mitzi). Here Martha discussed the significant role of another carpet:

> "You see," said aunt Martha, pointing to the finely knit Oriental carpet covering in the hall, "this carpet is over sixty years old and was a gift from your father. When your uncle Sigi began admitting patients as a young doctor in Vienna, this carpet was covering the waiting room under the ten feet of Freud's five sisters: Anna, Rosa, Mitzi, Pauli, and Dolfi. Whenever a new person entered the room, he was impressed by the number of ladies already waiting, who were supposed to be patients, and trustfully took a seat in one of the plush chairs." [Freud-Marlé 2006, p. 63; translation by Christfried Tögel]

The choice of the carpet might be called an instance of "impression management." For Freud (as for other therapists and doctors), the impression conveyed to patients was always important. He illustrates this idea with the following example in his *Introductory Lectures on Psycho-Analysis* (1916–1917):

> Now it constantly happens that a person whom I have brought in from the waiting-room omits to shut the door behind him and almost always leaves both doors open. As soon as I notice

[2] This carpet originated in Smyrna—today Izmir, Turkey—which in the nineteenth century was a very important point for the carpet trade. Carpets woven in small factories in the hinterland were marketed as Smyrna carpets and had either a Turkish knot or—as in the case of Freud's—a Persian one.

> this, I insist in a rather unfriendly tone on his or her going back and making good the omission—even if the person concerned is a well-dressed gentleman or a fashionable lady . . . . Thus the patient's omission . . . throws light on the newcomer's attitude to the doctor. The patient is one of the great multitude who have a craving for mundane authority, who wish to be dazzled and intimidated. He . . . had formed a picture of a crowd of people seeking for help . . . . He now comes into an empty, and moreover extremely modestly furnished, waiting-room, and is shocked. He has to make the doctor pay for the superfluous respect which he had intended to offer him: so—he omits to shut the door between the waiting-room and the consulting-room. What he means to say to the doctor by his conduct is: "Ah, so there's no one here and no one's likely to come while I'm here." He would behave equally impolitely and disrespectfully during the consultation if his arrogance were not given a sharp reprimand at the very beginning. [pp. 247-248]

The Kassa-Protokoll, 1896–1899

The most important document on Freud's *analytic practice,* without a doubt, is his Patient Calendar (Freud, unpublished, c). In addition, his letters to Fliess and to Martha contain information about his practice, and the *Kassa-Protokoll* (Freud, unpublished, a) is also of interest, even though it probably does not contain the details of the patients who were in psychoanalytic therapy within that period.

A page from the *Kassa-Protokoll* appears as Figure 1 on the following page (with patients' names blacked out).[3] This smaller-size notebook contains the following details on ninety-nine patients: surname and first name (both underlined), title, occupation, and address, all on one line. The next line captures the dates of the visits (left side) and of the consulting hours (right side), both added up on a new line. The information on each patient concludes with the sum of the remuneration obtained (in florins, equal to guilders) and the dates of payment. Generally, Freud's patients paid him at the end of the therapy, or at the end of the calendar year if the sessions were to continue into the next year.

[3] The figures in this article were previously published in Tögel 2006.

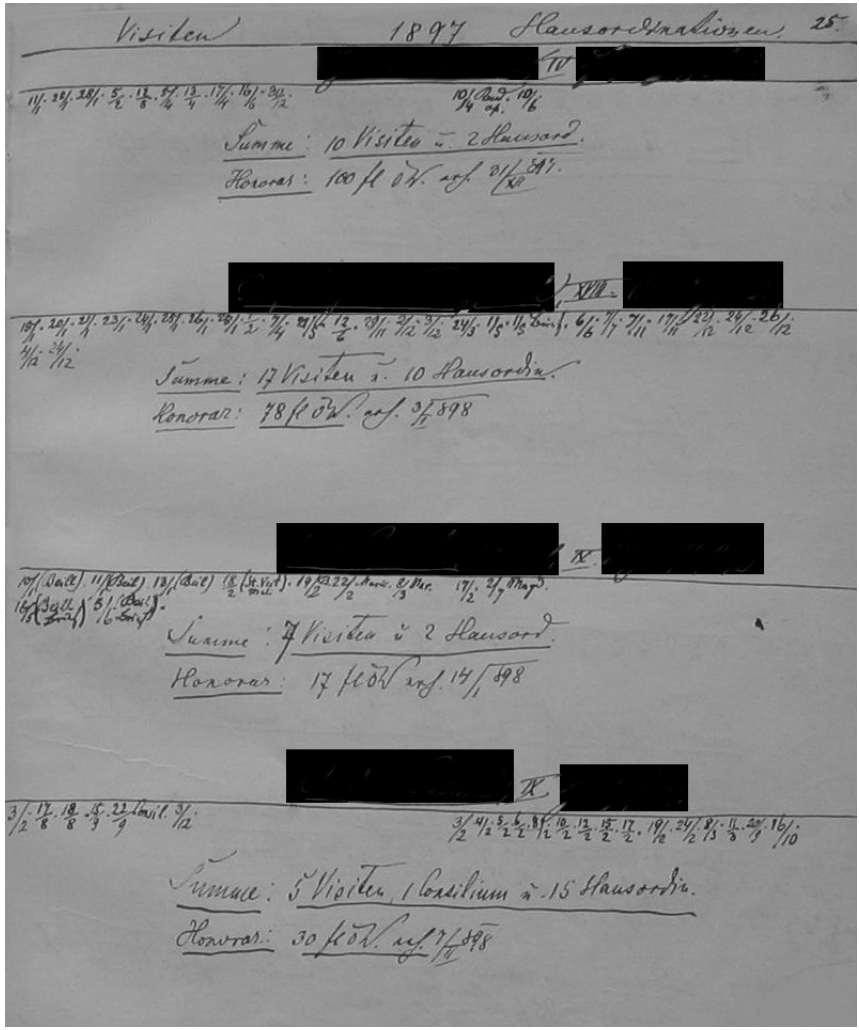

FIGURE 1: Page from the *Kassa-Protokoll* (Freud, unpublished, a)

The most important data for the four years during the period 1896–1899, as summarized in the *Kassa-Protokoll,* appears in Table 2 on the opposite page.

Year	Number of Working Days	Number of Patients	Number of Patient Visits (total)	Average Number of Patient Visits (per working day)	Number of Patient Consultation Hours (total)	Average Number of Patients per Consultation Hour	Remuneration for Visits and Consultations*
1896	260	51	747	2.87	189	0.73	2173
1897	267	60	544	2.03	229	0.86	2988
1898	254	68	478	1.88	225	0.89	1930
1899	251	58	769	3.06	271	1.08	1674

*Note: The remuneration amounts listed in the far right-hand column are in florins. (Although Austria had introduced the krone currency in 1892 (1 florin = 2 krones), notes in florins were valid until 1900, when the krone became the sole legitimate currency.

TABLE 2: Visits, Consultations, and Remuneration, 1896–1899

In Table 2, the number of working days (column 2) refers to the days during which Freud's practice was open; this figure was obtained by subtracting Sundays, holidays, and vacation days from the 365 days of each year (or from 366 for 1896, a leap year). Freud's letters were used to determine the number of holidays (especially Freud 2002). The number of patients (column 3) amounts to more than ninety-nine individuals, of whom many were treated by Freud for longer than one calendar year. Both the total number of visits and the number of home consultations are documented (columns 4–7).

Consultations and Visits

Freud warned against undertaking psychotherapy during the consultation period (letter from Sigmund Freud to Paul Federn, March 17, 1910—Freud, unpublished, e), and in his bookkeeping he strictly differentiated consultation from analytic sessions. For the latter, there is no continuous record over this period. However, certain clues can be found in his letters. We know, for instance, that at the end of 1896, Freud analyzed "ten to eleven hours a day" (Freud 1985, p. 214), but

that in the autumn of 1897, he had only two analytic patients (Freud 1985, p. 276). A year later, it was once again "ten to eleven psychotherapies a day" (Freud 1985, p. 330). Therefore, the amount of his clinical work during this period was subject to some volatility.

What did Freud's everyday schedule look like in the second half of the 1890s? Table 3, below, summarizes Freud's daily routine (cf. Freud 1985, p. 330; Gay 1988, p. 157).

Time	Activity
08:00–09:00	2–3 Patient visits
09:00–13:30	5–6 Analyses
13:30–15:00	Lunch break
15:00–17:00	Consultation
17:00–21:00	4–5 Analyses
21:00–c. 22:30	Dinner, walk, or card game
c. 22:30–01:00	Reading, working on manuscripts, responding to letters

TABLE 3: Freud's Daily Routine, c. 1895–1899

In the first decades of his practice, Freud had only two consulting hours per day (and none on Sundays). He generally devoted fifteen minutes each to patients coming for consultation (Freud 1916–1917, p. 246). In the second half of the 1890s, since he usually had only one patient daily for consultation (see Table 2, previous page), his time was underutilized during that part of the day. Although Freud mentions having some good days in terms of consulting hours, his complaints prevail, as on January 22, 1898: "Recently I had a total of *two* patients in *three* consulting hours! Altogether, this is an abominably bad year" (Freud 1985, p. 295, italics in original).

Half a year later, he complains a number of times to his wife: "In the consulting room there is conspicuous silence and abstinence on the part of the public" (letter from Sigmund Freud to Martha, June 11, 1898—Freud, unpublished, d); "No one at ordination, quite a boring time" (letter from Sigmund Freud to Martha, June 27, 1898—Freud, unpublished, d). The following year is not much better, as Fliess came

to know that "the 'silence in the forest' is the clamor of a metropolis compared to the silence in my consulting room" (Freud 1985, p. 387). The situation seems to be improving at the beginning of 1900: "The period in which I saw only one patient in five consulting hours seems to be over" (Freud 1985, p. 399). When no one showed up for consulting, Freud responded to letters (cf. Freud 2005, p. 217; letter from Sigmund Freud to Martha Freud, June 20, 1893—Freud, unpublished, d; Freud 1985, pp. 172, 443).

The fact that Freud carried out visits and still kept his consultation hours without reducing them might be related to the importance he ascribed to maintaining his network, from which patients might potentially be referred to him. In addition, the relatively high number of civil servants, academic persons, and nobility (see Table 4, p. 1044) could indicate that it was Freud's wish to maintain and extend his current relationships. From 1912 onward, he reduced the number of consultation periods to three times a week, on Mondays, Wednesdays, and Fridays (Freud 1992b, p. 424), and he arranged for Paul Federn to replace him in this capacity after 1927 (letter from Sigmund Freud to Paul Federn, December 2, 1927—Freud, unpublished, e).

Income

Exact data on Freud's remuneration per visit or consulting hour can be derived only indirectly, since the *Kassa-Protokoll* (Freud, unpublished, a) captures the total remuneration per patient without specifying the number of visits or home consultations. In a few cases where Freud carried out either visits only or did home consulting only, we can derive a more precise sum per visit or per consulting hour. Generally, he received 2.5 to 3 florins per visit (today equal to approximately $29 to $34), depending on the distance and effort required, but occasionally 5 to 6 florins (today $57 to $67).[4] For consultation, patients paid around 2 florins.

Since Freud's analytic practice—which is not captured in the *Kassa-Protokoll*—was subject to variations, we can only estimate his total income

[4] Calculations of approximate currency equivalences are based on "What Is the Relative Value?" at the following website: http://eh.net/hmit/compare.

in general terms. Some information on this subject is contained *inter alia* in the Fliess letters (Freud 1985, pp. 207, 230, 343) and in letters to Freud's wife (dated July 6, 1896; September 16, 1896; July 30, 1897; June 13, 1898; June 14, 1898; July 5, 1898; and July 19, 1898—Freud, unpublished, d). They allow us to conclude that in the second half of the 1890s, Freud obtained approximately 100 florins per day from his non-analytic patients—an amount that Jones (1953–1957) also mentions in referring to the end of 1896 (p. 371).

In addition to this more or less regular income, Freud also received fees for publications. In 1895, he received 425 florins for the first edition of *Studies on Hysteria* (Breuer and Freud 1895), and in 1900, 522.4 florins for the first edition of *The Interpretation of Dreams* (Freud 1900; see Fallend 1995, p. 96). Furthermore, Freud charged extra when he visited patients outside of Vienna, and also charged a lecture fee of 5 florins per student (Gicklhorn and Gicklhorn 1960, p. 152).

Altogether, Freud earned a yearly income of approximately 25,000 florins (today about $240,000), of which 7 to 9% represented fees from non-analytic patients. Freud's colleagues at the university earned approximately the same amount. Julius Wagner-Jauregg, for instance, earned 24,000 florins as chair of psychiatry at the university, plus 2,000 from patients (cf. Whitrow 2001).

What could one afford with this amount in those days? Freud's daily income of around 100 florins would cover a two-week trip to Italy (cf. Tögel 1989, p. 49). The official minimal subsistence amount in Austria in 1895 consisted of 630 florins per year (Mischler 1896, p. 285). Between 1895 and 1899, prices remained stable (Good 1974, p. 87), and the tax burden was low: the income tax on earnings of 24,000 florins amounted to 4% (Sieghart 1898, p. 178).

Freud and Money

In the mid-1890s, Freud supported his six children, his mother, and his sisters. His sister-in-law, Minna Bernays, also lived with the family, and he paid the rent for their large apartment. In addition, he was paying back some debts—such as 2,300 florins to Josef Breuer—which he had

accumulated since his student years (Freud 1961, pp. 234-235; Freud 1985, p. 294). All of this explains why he felt he did not earn enough. In February of 1897, he wrote to Fliess: "Last week, for example, I earned 700 florins—you don't get that for nothing. Getting rich is tough" (Freud 1985, p. 230).

As a child and adolescent, Freud suffered from the difficult financial circumstances of his family. One of his closest friends once wrote: "Growing up in a poor family, but filled with energy and talent, Freud had to go through great difficulty and long-lasting misery to earn a university degree, a period marked by hunger and sacrifice" (Paneth 2007, p. 44, translation by Christfried Tögel). In September 1899, Freud wrote to Fliess:

> My mood . . . depends very strongly on my earnings [from treating patients]. Money is laughing gas for me. I know from my youth that once the wild horses of the pampas have been lassoed, they retain a certain anxiousness for life. Thus I came to know the helplessness of poverty and continually fear it. [Freud 1985, p. 374]

His childhood of destitution and the financial problems he encountered following his university graduation led to a constant "chasing after money" during the first years of his professional life (Freud 1961, p. 56). To Fliess, he shared his opinion that "money is a means of unchaining slaves: that one obtains freedom in exchange for money, as one otherwise sacrifices freedom for money" (Freud 1985, p. 321).

The Social Status of Freud's Patients

Which social classes did Freud's patients belong to? Because he kept a record between 1896 and 1899 of more than half of his ninety-nine patients' occupations, a general conjecture is possible. Eleven names appear within entries of the "main patient," which suggests that they are probably servants or relatives, and the fee for them is part of the fee of the main patient. For another thirty-six patients, no entries regarding social status were made.

Status	Number
Civil Servants, Academic Persons, Nobility	28
Entrepreneurs, Artists, or Writers	13
Craftsmen or Traders	11

Table 4: The Social Status of Freud's Non-Analytic Patients, 1896–1899

Since Freud always noted the patient's address, we have exact data concerning the parts of Vienna in which they lived (see Table 5, below).

Borough	Number	Percentage
IX (*Alsergrund*)	42	42.4
I (*Innere Stadt*)	17	17.2
II (*Leopoldstadt*)	9	9.1
IV (*Wieden*)	9	9.1
VIII (*Josefstadt*)	7	7.1
XVIII (*Währing*)	6	6.1
XIX (*Döbling*)	5	5.1
VI (*Mariahilf*)	3	3.0
III (*Landstraße*)	1	1.0
Totals:	**99**	**100.0**

Table 5: Boroughs of Vienna Where Freud's Patients Lived

Due to the expansion of Vienna that followed the incorporation of suburbs (carried out between 1890 and 1892), the number of Vienna boroughs increased to nineteen (Czeike 1992, p. 357). Freud's apartment at Berggasse 19 belonged to borough IX (*Alsergrund*), where half of his patients lived. This explains why it was fairly easy for him to perform two to three visits every morning between 8:00 and 9:00 a.m. Borough I (*Innere Stadt*) was characterized by a particularly affluent population, with an average income largely exceeding that of citizens from other areas (Teleky 1914, p. 72).

The Patient Calendar, 1910–1920

For the period 1910–1920, the nature of the data available is exactly the opposite: there are no ongoing remarks on the patients whom Freud saw for home consultations, but there is detailed information on his analytic patients. When combined with the Fee List I (Freud, unpublished, b), which also covers this period, the Patient Calendar (Freud, unpublished, c) provides extensive data on the duration and frequency of Freud's patient contacts, as well as on his remuneration.[5] The calendar does not contain any diagnoses. Examining the correlation between diagnosis and length of treatment requires data on a considerable number of patients with a diagnosis, so that it is here extremely difficult or even impossible to do so.

Freud used the already-mentioned Tages-Notizbuch-Einlage for his Patient Calendar. Figure 2 on the following page shows the first page of the calendar, the names of the patients being blacked out. In the "Remuneration" column, Freud generally added up the hours for analysis; "C" most likely stands for Consilium.

The Patient Calendar contains 130 names,[6] of which 105 are "pure" patients and 25 are persons who later became psychoanalysts or members of a psychoanalytic association. May (2006) has brought the patient calendar to life, tracing the circumstances of the treatment for certain patients and analysts, as much as this is feasible on the basis of published sources.

Once the Patient Calendar (Freud, unpublished, c) is analyzed in conjunction with the Fee List I (Freud, unpublished, b) for the same period, we can relate the exact fee Freud received to the length and frequency of each treatment. Because of inflation following World War I,

[5] Interpreting handwritten documents always leaves doubts, and the context sometimes provides clarification. Documents such as the *Kassa-Protokoll* or the Patient Calendar pose more problems since it is at times hard to differentiate among various entries. In addition, both documents contain at least one entry that refers to two persons. This explains why, in a few cases—depending on the manner of interpreting the handwriting—certain numbers appear to deviate. However, these doubtful occurrences have no effect on the overall results of the statistical analyses.

[6] Strictly speaking, Alix and James Strachey were treated in parallel, but only one name is entered; for information about the Stracheys' analysis, see Roazen 1995.

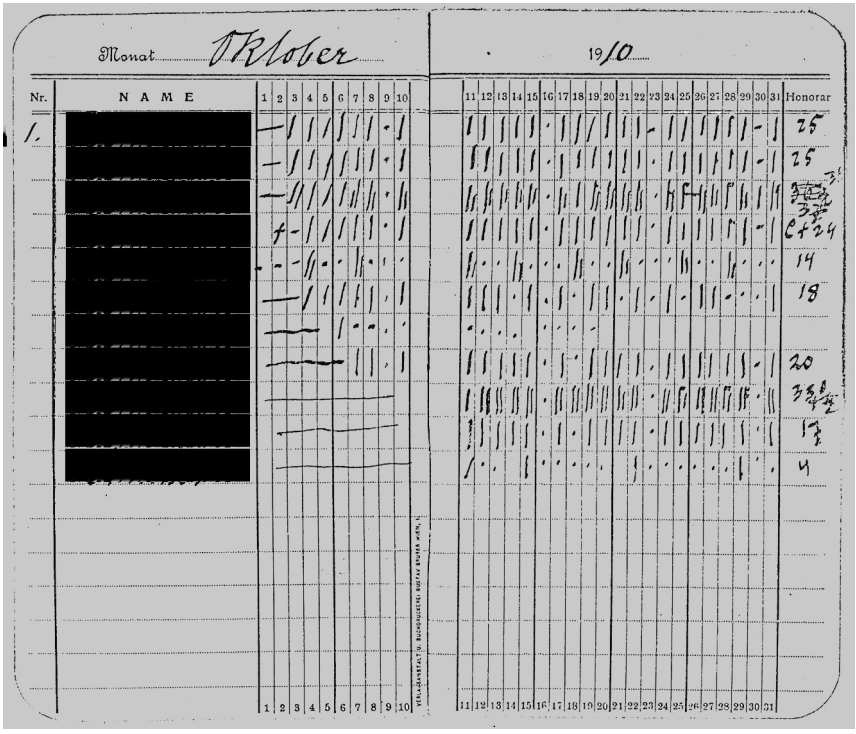

FIGURE 2: First Page of the Patient Calendar (Freud, unpublished, c)

Freud tried to obtain his fees in hard currency. From 1920 onward, this is also reflected in his notes, where he captured his entire income in the respective currency: krones, dollars, pounds, and marks. Figure 3 on the opposite page presents a page from the list that neatly illustrates this tendency.

Examining the Patient Calendar and the Fee List I in tandem raises and at least partially answers the following questions:

- What was the frequency and duration of treatments during selected periods of time—for instance, from October 1910 until December 1920?
- Is there a difference in certain respects between patients who later became analysts and other patients?

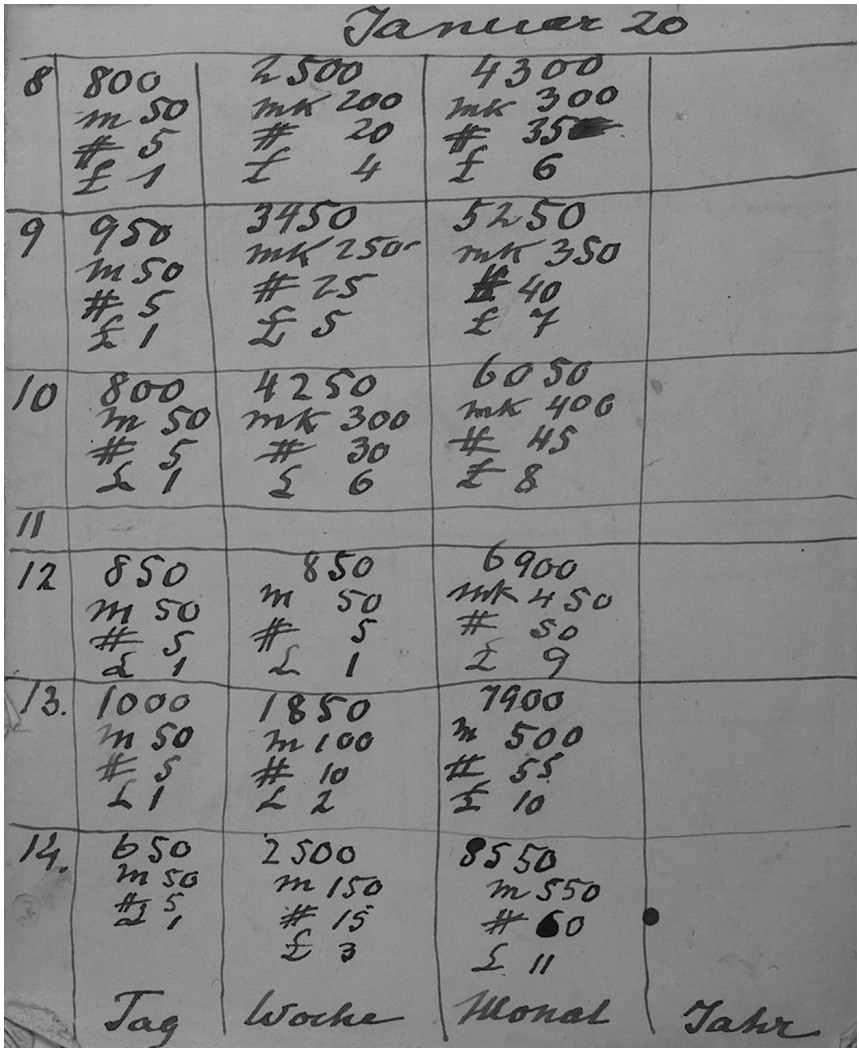

FIGURE 3: Page from Fee List I, January 8–14, 1920 (Freud, unpublished, b)

- How does Freud's income from treatments change between 1910 and 1920? How is it impacted by World War I and the consequent currency depreciation?

- What is the relationship between the duration/frequency reflected here and the practice of psychoanalysis today?

Duration and Frequency

In order to determine the duration of treatment, we must exclude both the patients who began analysis before October 1910 and those who had not completed it by December 1920, since the only data we have on this is contained in the Patient Calendar (Freud, unpublished, c), which encompasses the period October 1910–December 1920. When we apply these exclusionary criteria, 109 patients remain.

Did World War I influence the treatment frequency and duration of treatment? Table 6, below, juxtaposes the total number of treated patients with the number of patients who completed their treatment before the war began.

	1910–1920		1910–1914	
Duration of Therapy (in hrs.)	**Number of Patients**	**Percentage**	**Number of Patients**	**Percentage**
up to 120	78	72%	31	68%
121 to 240	17	16%	8	18%
241 to 360	6	5%	3	7%
361 to 480	7	6%	3	7%
more than 480	1	1%	0	0%
Totals:	**109**	**100%**	**45**	**100%**

TABLE 6: Distribution of Therapy Hours, 1910–1920

Table 6 clearly illustrates that the war had no influence on the duration of treatment. As far as the frequency of treatment is concerned, out of 109 patients, 104 (96%) had less than six therapy hours per week, and five patients (4%) spent anywhere from six to ten hours per week on Freud's couch. For the group of patients before the war, the numbers are analogous, and thus the war did not affect the treatment frequency either.

An interesting question is whether the duration and frequency of treatment for Freud's "pure" patients differed from that of those who later became analysts.[7] The results demonstrate that the patient's status (as either a future analyst or as a "pure" patient) is a predictor for the duration of treatment (.08, $p < .01$); that is, future analysts are more likely to be treated longer than "pure" patients. This applies equally to women and men (.26, $p < .001$). Regarding the frequency of treatment, there are no statistically significant differences, suggesting that neither status nor gender influences the number of weekly treatment hours.

In his writings, Freud seems to have a skeptical attitude toward the technical aspects of his patients' treatment and avoids commenting on duration and frequency. He once stated:

> Now, in the matter of papers on technique . . . I feel that they are entirely inadequate. I do not believe that one can give the methods of technique through papers. It must be done by personal teaching. Of course, beginners probably need something to start with. Otherwise they would have nothing to go on. But if they follow the directions conscientiously, they will soon find themselves in trouble. Then they must learn to develop their own technique. [Blanton 1971, p. 48]

In his first recapitulation of psychoanalytic treatment from 1904, Freud assumed that analysis generally

> . . . requires long periods, six months to three years, for an effective treatment . . . . In cases of less severe illness the duration of the treatment might well be much shorter, and very great advantage in the direction of future prevention might be achieved. [Freud 1904, p. 254]

Approximately ten years later, Freud writes in the first part of his "Further Recommendations on the Technique of Psycho-Analysis"

[7] This question was investigated using the Possion-Regression, since the dependent variable is a *count variable* (Long 1997) incorporating both the duration of treatment (as measured by the total number of hours) and the frequency of treatment (as measured by hours per week). The independent variable is status, referring to "pure" patients versus those who later became analysts or members of a psychoanalytic association. Gender was the control variable.

(1913): "An unwelcome question which the patient asks the doctor at the outset is: 'How long will the treatment take? How much time will you need to relieve me of my trouble?'" Freud's response: "The question as to the probable duration of treatment is almost unanswerable"; however, "psycho-analysis is always a matter of long periods of time, of half a year or whole years" (Freud 1913, pp. 128-129).

Since for the period after 1923 there is hardly any detailed data, it is difficult to know whether Roazen (1995) was right in arguing that "Freud's analyses before he got sick were all characteristically shorter than afterward. The younger Freud was, the more outgoing he was apt to be with people, and the higher the turnover in his cases" (p. 41).

Occasionally, Freud ennobled consultations, calling them "analysis." On his encounter with Gustav Mahler, he wrote:

> I analyzed Mahler for an afternoon . . . . If I may believe reports I achieved much with him at that time. The visit appeared necessary for him, because his wife at that time rebelled against the fact that he withdrew his libido from her. In highly interesting expeditions with him through his life history, we discovered his personal conditions for love, especially in his Holy Mary complex (mother fixation). I had plenty of opportunity to admire the capability of the psychological understanding of this man of genius. No light fell at this time on the symptomatic facade of his obsessional neurosis. It was as if you would dig a single shaft through a mysterious building. [Reik 1953, pp. 342-343]

Workload and Fees

Evaluating the workload, measured as hours per year and analytic hours per day, we can observe certain obvious variations for the period covered by the Patient Calendar (Freud, unpublished, c), variations occasioned by the consequences of World War I. The same applies to income recorded in the Fee List I (Freud, unpublished, b). Table 7 (see opposite page) combines the numbers from both documents. Due to the depreciation of the Austrian krone currency, the table reflects Freud's fees as calculated in dollars, based on the exchange rates of the *Wiener Zeitung* (Strachan 2003, p. 948).

Year	Hours (total)	Hours (per working day)	Total Remuneration (in krones)	Total Remuneration (in dollars) *
1911	2073	8.78	88,850.00	17,700.00
1912	2113	8.58	98,460.00	19,692.00
1913	2166	9.37	98,371.00	19,674.00
1914	1636	6.62	77,684.00	15,536.00
1915	949	3.85	41,282.00	6,351.00
1916	1283	4.99	53,634.00	6,704.00
1917	1449	5.64	72,391.00	6,294.00
1918	1839	8.01	112,104.00	9,334.00
1919	1833	7.64	146,810.00	9,118.00
1920	2051	7.95	285,300.00	7,196.00

* Note: The purchasing power of $1 in the years 1910–1920 corresponds to that of approximately $18–$26 today.

TABLE 7: Freud's Workload and Income

Although the data in Table 6 (see p. 1048) indicate no effect of the war on the duration or frequency of Freud's treatments, Figure 4 on the following page clearly demonstrates that the number of hours he worked per day was significantly impacted. Therefore, we can conclude that he treated fewer individuals during this period. From 1918 onward, the crisis was overcome (at least as far as therapy hours were concerned), while the income from patient fees remained low (compare this with Figure 5, p. 1053).

German and Austrian participation in the war was financed with loans and through the indebtedness of the state to the central bank. As a consequence, the volume of money increased more than tenfold during the war, which put Austria's currency in an extremely tenuous position in the post-war period. The currency could not be stabilized, and depreciation escalated out of control. Nominal wages were rising, but purchasing power was dropping sharply. In 1918, price levels were twenty-five times higher than they had been before the war (Schubert 1991, p. 49).

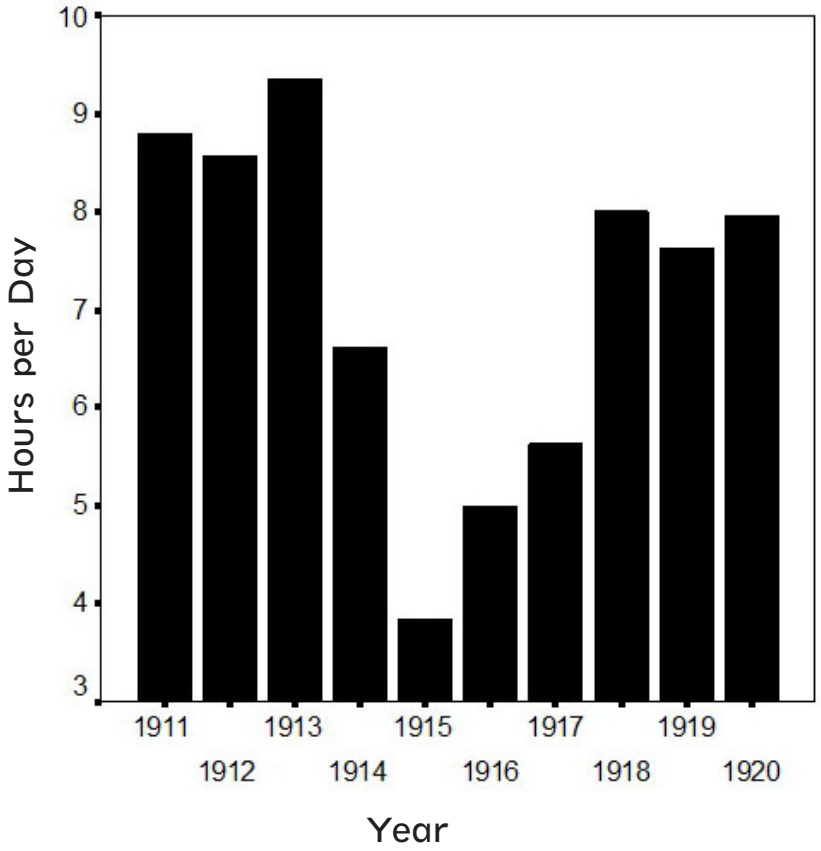

FIGURE 4: Analytic Hours per Working Day, 1911–1920

In October 1919, Freud wrote to Eitingon: "The situation here is hopeless and will most likely remain such. I believe that England will not allow former enemies to enter until I have spent my last dime in approximately 1½ years" (Freud 2004, p. 165). The forfeit of all his savings amounted to £6,000, equivalent to $29,000 at that time (Jones 1953–1957).

Freud managed to make a living in Austria largely thanks to his foreign patients, mostly from England and the United States. The first one came in October 1919, and by 1920, there were already seven foreign patients. Once again, combining data from the Patient Calendar

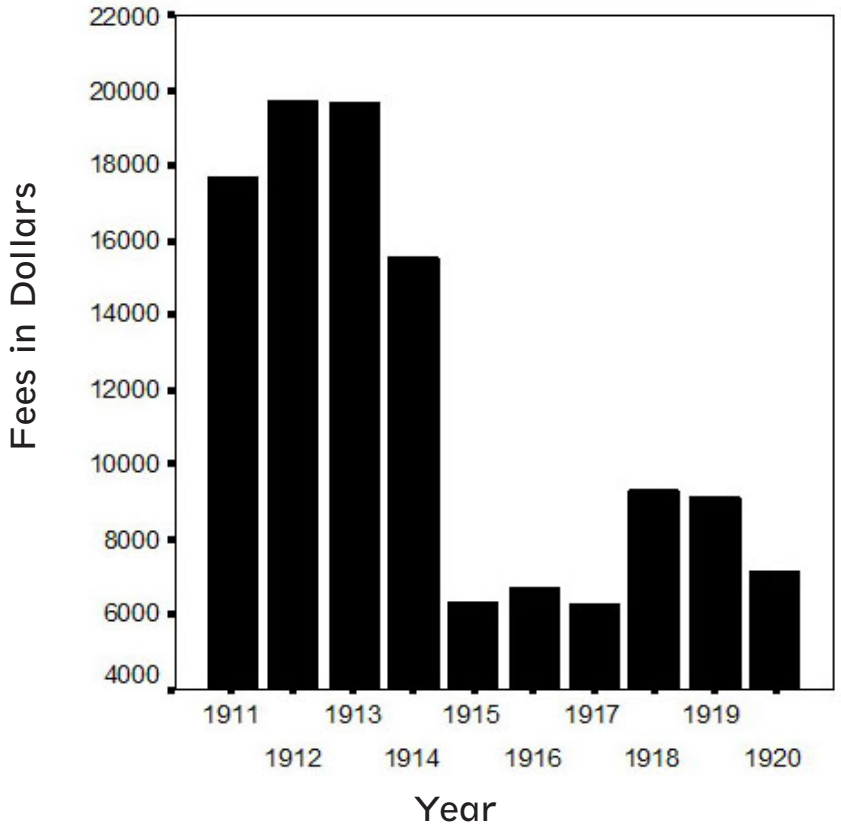

FIGURE 5: Freud's Income, 1911–1920, Calculated in U.S. Dollars

(Freud, unpublished, c) and Fee List I (Freud, unpublished, b) enables us to draw conclusions about Freud's revenue. In 1920, for instance, he charged an American patient at least $5 per therapy hour, and an English patient at least £2 (approximately $6).

Duration and Frequency of Freud's Treatment Compared to Psychoanalytic Practice Today

In the German-speaking countries today, psychoanalyses are considered long lasting and of high frequency when the patient sees the analyst four or five times a week over several years, or for at least 300 therapy

hours (cf. Hartkamp 1997). Such treatment applies to less than 10% of patients (Schmid 1988). Of 109 of Freud's patients, nine (i.e., 8%) were treated longer than 300 hours, with a frequency of at least four weekly hours. In this regard, there is virtually no difference between today's typical treatment practice and that of Freud—an interesting conclusion that points to a fair amount of stability over time with respect to duration and frequency of treatment.

Research in the German-speaking countries suggests a correlation between frequency and duration of treatment—that is, very frequent treatments tend to last longer (Kächele 1994, p. 353). How does this relate to Freud's practice? This question was tested by investigating the classic correlation coefficient (Pearson) between the total number of therapy hours and the number of hours per week, and a significant correlation was revealed between duration of treatment and frequency in the 109 patients studied (.58, $p < .01$).

FREUD AND HIS RECORDS

As a boy, Freud was already keeping a diary in Ancient Greek (Jones 1953–1957). In 1882, he started a "Directory of letters and signs of affection that I have received from my beloved Martha" (Freud, unpublished, d). After the mid-1880s, he started recording all his expenditures (Accounts and Receipts, Freud, unpublished, d) and kept "short daily notes mainly of a business kind" (Freud 1901, p. 116). Still preserved are his diaries for the period 1916–1918 (Calendar Books, 1916–1918, Freud, unpublished, d) and for 1929–1939 (Freud 1992a). Only two of his travel diaries have been preserved (Freud 1900, p. 167): one from his trip to the United States in 1909, and the other from his last journey to Rome in 1923 (Freud 2002, pp. 283-297, 378-381). Until his death, Freud kept a precise daily record of all the letters he received and sent (Letter List—Freud, unpublished, f), as well as of his visitors (Blue Notebook—Freud, unpublished, f). Considering his background, it is not surprising that he also attempted to capture as many details of his daily professional work as possible.

Freud's records reveal a systematic, disciplined, organized, and thorough man. Furthermore, we know that he was extraordinarily ambitious

and determined (Tögel 1994). All these qualities can be ascribed to the dimension of "conscientiousness" (Costa and McCrae 1992). Persons who have a strongly pronounced conscientiousness dimension usually have the capacity to exert control over the activities of people in their environment. This tendency can be observed in the younger Freud, who at the age of ten, convinced his classmates to manufacture dressing material for the wounded from the Prussian-Austrian war (Freud-Bernays 2004, p. 216). In his letters from abroad, he often reminded Martha of certain tasks and deadlines. The so-called Secret Committee gave Freud the possibility of exercising control over the psychoanalytic movement. And last but not least, it was not God, nature, or his doctor who decided when Freud would take his last breath; it was he himself who determined precisely when he would die.

CONCLUSION

During a 16-hour work day, Freud typically devoted about twelve hours to treating patients. The majority of them underwent analysis; however, over decades, Freud also saw non-analytic patients for consultation. There is ample archival data that captures Freud's systematic records on both groups of patients: for the last years of the nineteenth century on consultations and visits, and for the period 1910–1920 on analytic patients.

Freud's records provide elucidating details on his daily life as a doctor and psychoanalyst and on his practice—which in some respects is similar to psychoanalytic practice today, and in other respects, quite different—as well as on his personality. His conscientious records enable us to grasp relationships that are otherwise not obvious.

Acknowledgments: The author expresses his gratitude to Ernst Falzeder, Gerhard Fichtner, Magdalena Frank, and Carl Nedelmann for their helpful and critical comments.

REFERENCES

Blanton, S. (1971). *Diary of My Analysis with Sigmund Freud.* New York: Hawthorn Books.

Brill, A. (unpublished). Papers of Abraham Brill. Library of Congress, Washington, DC.

Bonaparte, M. (unpublished). Notes of Marie Bonaparte. Freud Museum, London.

Breuer, J. & Freud, S. (1895). *Studies on Hysteria. S. E.,* 2.

Costa, P. T. & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) Professional Manual.* Odessa, FL: Psychological Assessment Resources.

Czeike, F. (1992). *Historisches Lexikon Wien.* Wien, Austria: Kremayr & Scheriau.

Fallend, K. (1995). *Sonderlinge, Träumer, Sensitive. Psychoanalyse auf dem Weg zur Institution und Profession. Protokolle der Wiener Psychoanalytischen Vereinigung und biographische Studien.* Wien, Austria: Verlag Jugend & Volk.

Freud, S. (1900). *The Interpretation of Dreams. S. E.,* 4/5.

——— (1901). *The Psychopathology of Everyday Life. S. E.,* 6.

——— (1904). Freud's psycho-analytic procedure. *S. E.,* 7.

——— (1913). On beginning the treatment (further recommendations on the technique of psycho-analysis, I). *S. E.,* 12.

——— (1916–1917). *Introductory Lectures on Psycho-Analysis. S. E.,* 15.

——— (1961). *Letters of Sigmund Freud, 1873–1939.* London: Hogarth.

——— (1985). *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904,* ed. J. M. Masson. Cambridge, MA: Belknap Press/Harvard Univ. Press.

——— (1992a). *The Diary of Sigmund Freud, 1929–1939: A Record of the Final Decade,* ed. M. Molnar. New York/Toronto, ON: Scribner's/Maxwell Macmillan.

——— (1992b). *The Correspondence of Sigmund Freud and Sándor Ferenczi, 1908–1933,* ed. E. Falzeder & E. Brabant, with the collaboration of P. Giampieri-Deutsch. Cambridge, MA/London: Belknap Press/Harvard Univ. Press, 2000.

——— (2002). *Unser Herz zeigt nach dem Süden: Reisebriefe, 1895–1923,* ed. C. Tögel, with the collaboration of M. Molnar. Berlin: Aufbau-Verlag.

——— (2004). *Sigmund Freud/Max Eitingon. Briefwechsel, 1906–1939,* ed. M. Schröter. Tübingen, Germany: edition diskord.

——— (2005). *Sigmund Freud—Minna Bernays. Briefwechsel, 1882–1938,* ed. A. Hirschmüller. Tübingen, Germany: edition diskord.

——— (unpublished, a). *Kassa-Protokoll* (handwritten clinical records, January 1896–December 1899). Papers of Sigmund Freud, Library of Congress, Washington, DC.

——— (unpublished, b). Fee List I (252 pages of handwritten financial records, October 1906–October 1921). Accounts Notebook, Archive of the Freud Museum, London.

——— (unpublished, c). Patient Calendar: Freud's notes in *Grubers ärztliche Tages-Notizbuch-Einlage,* covering the period October 1910–December 1920. Mottled Notebooks 1–3, Archive of the Freud Museum, London.

——— (unpublished, d). [Other] Papers of Sigmund Freud. Library of Congress, Washington, DC.

——— (unpublished, e). Correspondence. Archives of the Freud Museum, Vienna, Austria.

——— (unpublished, f). [Other] Notes of Sigmund Freud. Archive of the Freud Museum, London.

Freud-Bernays, A. (2004). *Eine Wienerin in New York. Die Schwester Sigmund Freuds erinnert sich,* ed. C. Tögel. Berlin: Aufbau-Verlag.

Freud-Marlé, L. (2006). *Mein Onkel Sigmund Freud. Erinnerungen an eine große Familie*, ed. C. Tögel. Berlin: Aufbau-Verlag.

Gay, P. (1988). *Freud: A Life for Our Time.* London/Melbourne, Australia: J. M. Dent & Sons.

Gicklhorn, J. & Gicklhorn, R. (1960). *Sigmund Freuds akademische Laufbahn im Lichte der Dokumente.* Wien/Innsbruck, Austria: Urban & Schwarzenberg.

Good, D. (1974). Stagnation and "take-off" in Austria, 1873–1913. *Economic History Rev.*, 27:72-87.

Hartkamp, N. (1997). Psychoanalytische therapie: ergebnisse und prozesse was wissen wir - wonach müssen wir fragen? In *Zwischen Konfusion und Makulatur. Zum Wert der Berner Psychotherapie-Studie von Grawe, Donati und Bernauer*, ed. V. Tschuschke, C. Heckrath & W. Tress. Göttingen, Germany: Vandenhoeck & Ruprecht, pp. 106-124.

Jones, E. (1953–1957). *The Life and Work of Sigmund Freud.* London: Hogarth.

Kächele, H. (1994). "An ihren Früchten sollt ihr sie erkennen": bemerkungen zu frequenz und dauer der psychoanalytischen therapie. *Forum der Psychoanalyse*, 10:352-355.

Long, J. S. (1997). *Regression Models for Categorical and Limited Dependent Variables.* Thousand Oaks, CA: Sage Publications.

May, U. (2006). Freuds patientenkalender: siebzehn analytiker in analyse bei Freud (1910–1920). *Luzifer-Amor*, 37:43-97.

Mischler, E. (1896). Das diensteinkommen der lehrpersonen an den elementarschulen in Österreich. *Jahrbücher für Nationalökonomie und Statistik*, 11:284-286.

Paneth, J. (2007). *Vita nuova. Ein Gelehrtenleben zwischen Nietzsche und Freud.* Graz, Austria: Leykam.

Reik, T. (1953). *The Haunting Melody: Psychoanalytic Experiences in Life and Music.* New York: Grove Press.

Roazen, P. (1995). *How Freud Worked: First-Hand Accounts of Patients.* Northvale, NJ/London: Jason Aronson.

Schmid, R. (1988). *Psychoanalytische Tätigkeit in der Bundesrepublik Deutschland. Ergebnisse einer empirischen Studie—Praxisstudie—im Auftrag der Deutschen Gesellschaft für Psychotherapie, Psychosomatik und Tiefenpsychologie (DGPPT).* Köln, Germany: Prognos.

Schubert, A. (1991). *The Credit-Anstalt Crisis of 1931.* Cambridge, UK: Cambridge Univ. Press.

Sieghart, R. (1898). The reform of direct taxation in Austria. *Economic J.*, 8:173-182.

Strachan, H. (2003). *The First World War.* Oxford, UK/New York: Oxford Univ. Press.

TELEKY, L. (1914). *Vorlesungen über soziale Medizin.* Jena, Germany: Fischer.

TÖGEL, C. (1989). *Berggasse—Pompeji und zurück. Sigmund Freuds Reisen in die Vergangenheit.* Tübingen, Germany: edition diskord.

——— (1994). ". . . *und gedenke die Wissenschaft auszubeuten*": *Sigmund Freuds Weg zur Psychoanalyse.* Tübingen, Germany: edition diskord.

——— (2006). Sigmund Freuds praxis. Visiten und ordination—psychoanalysen—einnahmen. *Psyche,* 60:860-880.

WHITROW, M. (2001). *Julius Wagner-Jauregg (1857–1940).* Wien, Austria: Facultas.

Sigmund-Freud-Center
SALUS-Institute
Seepark 5
D-39112 Magdeburg, Germany

e-mail: c.toegel@salus-institut.de

Volume LXXVIII, Number 4

WINNICOTT'S 1968 VISIT TO THE NEW YORK PSYCHOANALYTIC SOCIETY AND INSTITUTE: A CONTEXTUAL VIEW

BY FRANCIS BAUDRY

As a prelude to describing the form and content of Winnicott's 1968(a) presentation to the New York Psychoanalytic Society and Institute, the author first outlines some crucial contextual background of that group and of the three psychoanalysts who discussed Winnicott's paper at that event. Summaries are presented of the paper itself and the discussants' responses. The author elaborates on Winnicott's highly idiosyncratic way of presenting his ideas, which may lead the unwary reader astray. In conclusion, some of Winnicott's most original contributions, both to theory and on their application to technique, are reviewed.

Keywords: Winnicott, object relations, object usage, object relating, New York Psychoanalytic Society and Institute, child development, ego psychology.

> Just here one must allow obscurity to have a value that is superior to false clarification.
>
> —Winnicott 1968b, p. 240 ("Comments on My Paper 'The Use of an Object'")

On November 12, 1968, Winnicott went up to the podium at the New York Psychoanalytic Society and Institute, preparing to deliver his paper "The Use of an Object" (1968a) in front of an audience that filled the

Francis Baudry is a faculty member at New York Psychoanalytic Society and Institute.

space to capacity and overflowed into the library. This was a very exciting moment for him. It was his second visit to the United States.[1] He had eagerly anticipated presenting his views to the group of classical ego psychologists at this prestigious institute, and was hoping his novel ideas would meet with an appreciative reception—particularly as his involvement in the British Psychoanalytical Society had met with a less than enthusiastic reaction from Kleinian analysts, and his ideas also differed in significant respects from those of the analyst often cast in opposition to her, Anna Freud.

Winnicott had very quietly presented another paper a few days earlier at New York's William Alanson White Institute, almost in secret, with no publicity. I assume he was concerned about possible negative reactions should the New York Institute learn that he had presented a paper at an institute that was not part of the American Psychoanalytic Association. Another paper was apparently given a day earlier at the Kings County Hospital, placing all three presentations within a four-day span. The topics of the other presentations, as far as I could ascertain, were much more limited in scope than the one at the New York Institute; they dealt with the squiggle game and Winnicott's ideas on infant development.

The way in which Winnicott approached the meeting—rather shyly and casually, yet making clear his demands and preferences with a certain arrogance—is well illustrated by a letter written to the New York Society's executive secretary on October 31, 1968, obviously in answer to a previous letter he had received:

> I think I have no-one that I wish to invite to the meeting. My idea is simply to be present at one of your meetings, although as it happens by your invitation I am reading a paper. I think I may be able to manage the black tie situation but I am glad that you are willing to let me off if necessary. Incidentally, I am grateful that I have not been asked out to dine before the meeting; so often meetings are spoiled in this way, although obviously the invitation is made with the best possible will in the world. In case you hear of suggestions along these lines I would like you

[1] In the fall of 1962, Winnicott had presented papers in several major West Coast cities, as well as in Topeka and Boston.

> to know from me that I would not be happy to accept a dinner invitation before the meeting, just as I would hate to seem rude by refusing.[2]

It is not clear why Winnicott did not want to attend a pre-meeting dinner, which was the rule rather than the exception, especially for a famous out-of-town guest. Did he fear informal contact? Did he witness a previous experience in which a presentation had been "spoiled" by a prior dinner? Was he shy or anxious about the coming presentation?

In any case, Winnicott would be hurt and sadly disappointed by the outcome of his presentation. The three discussants, Edith Jacobson, Samuel Ritvo, and Bernard Fine, had been carefully chosen to discuss the paper from a complex series of perspectives. Each took issue with it from a "classical" point of view, emphasizing the difficulty in integrating the author's ideas with the prevailing ideas and orientation in early childhood development. They also objected to Winnicott's new use of now-common terms, such as *object relating*. Finally, they tried to get him to clarify ambiguous aspects of his presentation and to expand on his novel and very different ideas about the early development of aggression.

I believe that the New York group's insufficient familiarity with Winnicott's way of conceptualizing the psychoanalytic encounter prevented them from appreciating his ideas. They were not able to see the real value in his formulations or to figure out how they could be incorporated, either as additions to established theory or as promising a new approach to the treatment of borderline patients. The only contemporary local analyst who really understood Winnicott and might have contributed to a more positive tone was Phyllis Greenacre. Unfortunately, a last-minute problem prevented her from attending the meeting (Thompson 2009).

Some of the blame for this lack of communication rests with Winnicott himself. He was not a good explicator of his complex ideas; his language was at times quite obscure and hard to follow, and his case material frequently did not clearly illustrate his thesis.

[2] This previously unpublished letter is held in the New York Psychoanalytic Society and Institute's archives, and the author thanks the archival director, Nellie Thompson, for making it available to him.

THE CULTURE OF THE NEW YORK PSYCHOANALYTIC SOCIETY AND INSTITUTE

The New York Society and Institute spearheaded the branch of psychoanalysis known as ego psychology, but what did that represent, exactly, and what was the attitude of these analysts toward the British object relations theorists, including Winnicott and the Kleinians? Ego psychology had been created in the early 1950s, largely by three analysts: Hans Hartmann, Ernst Kris, and Rudoph Loewenstein. It was further developed by others, including Jacob Arlow and Charles Brenner, to mention only a few of its many contributors. These authors came to psychoanalysis from a perspective very different from that of Winnicott. Basing themselves on Freud's structural theory, they were devoted to developing a scientific psychology based on clear-cut definitions of the three structures of the mind and their connections with each other, believing these could be inferred from clinical work with adults that revealed probable childhood antecedents in early phases of development. Neither Hartmann nor Loewenstein had any clinical experience with children. Although they claimed that their entire theoretical corpus was inferred from clinical material, Hartmann, for one, never included any case histories in any of his papers.

Influenced by Anna Freud's (1937) ideas in her pioneering book on the ego and the mechanisms of defense, the ego psychology writers emphasized the scientific and intellectual nature of their approach. Yet, sensing limitations on some aspects of this view, Hartmann saw the value of differentiating the concept of self from that of the ego, in an effort to separate the more impersonal language (ego) from the more experiential level of personhood, thus obviating certain problematic references to structures as though they were people. These theoreticians also struggled with the ambiguous nature of the concept of the object in Freudian theory and the unclear relation between internal and external objects. Although as individuals they were much more flexible than might be thought (my own experiences in supervision at the time and the widely different styles of these analysts certainly attest to this), nevertheless, the group as a whole functioned quite differently from the individual prac-

titioners who were part of it. This is probably true of any group that defines its identity through sharing certain theoretical ideas, and all the more so if these ideas are attacked from the outside.

I remember very well the way the institute's auditorium was set up for meetings: the front half of the hall was reserved for members only (not including students), and the first few rows were generally occupied by the institute's august and somewhat intimidating leaders: Hartmann, Loewenstein, Greenacre, Jacobson, Arlow, and Brenner, as previously mentioned, as well as Annie Reich, Margaret Mahler, Robert Bak, Victor Rosen, and Martin Stein. The meetings were a very formal and intimidating affair, with black tie and jacket being the norm for men until the late 1970s. They were generally very well attended by a largely members-only audience. Each presentation would be followed by two or three lengthy discussions, and the leaders would then make a few spontaneous comments from the floor before anyone else in the audience dared to speak.

The institute's students were taught the prevailing theoretical model with very little attention to alternative viewpoints. Discussing countertransference in supervision was not encouraged. Listening to associations, making appropriate interpretations, searching for the latent meaning behind manifest speech, following the patient's responses, understanding the evolution of defense mechanisms, and focusing on the transference when it was deemed to be present in the material—such was the stuff of psychoanalysis as it was taught in the 1960s. What the patient offered to the analyst, whether dream, symptom, or character trait, was viewed as an instance of manifest content whose unconscious or latent content would have to be decoded. Each piece of behavior was seen as a compromise formation, as described by Waelder (1930) in his classical paper on multiple function, later expanded upon by Brenner in a series of papers. Each component of the psyche was influenced by the four major contributors to ego synthesis: the drives, the superego, the repetition compulsion, and, finally, the demands of reality, which would (ideally) have to be understood before the working-through process could be completed.

Although some attention was paid by the leading analysts of this era to the preoedipal period, particularly in reference to the work of

Jacobson, Mahler (in her observational studies on separation and individuation), and Rene Spitz, the oedipal constellation as the key concept in neurosis remained central. Earlier stages were often seen as only a preliminary way station on the road to the all-important oedipal phase of development, the core of all neurosis. Attention to the preverbal period and nonverbal communication was given minimal importance. Although Stone (1950) developed his view of a potentially widening scope of analysis, attempting to stretch its application beyond the usual limits, to the treatment of some borderline conditions, he did not offer a major modification to the traditional theory or technique of analysis.

The leading child researchers in this country, Samuel Ritvo (one of Winnicott's discussants at his presentation) and Albert Solnit, were carrying out pioneering long-term child studies at the Yale Child Study Center, contributing to the development of child analysis much along the lines suggested by Anna Freud. And since 1945, *The Psychoanalytic Study of the Child*—itself a journal having developed as a response to the growing influence of the Kleinians—had published the most advanced ideas on this developing new field.

The general attitude among New York analysts was one of intolerance and depreciation for other ways of thinking, such as that exemplified by Kleinian theory. This was particularly marked in the child analytic community, which included Mahler, Elizabeth Geleerd, and Berta Bornstein.[3] The ego psychologists took strong exception to the Kleinian concept of unconscious fantasy as elaborated in Isaacs's (1948) classic paper on the topic. In this they were not alone, as the very detailed volume on the Controversial Discussions confirms (King and Steiner 1991); the Kleinian group had been pitted against Anna Freud and Edward Glover (see also Reed and Baudry [1997] for a discussion of this controversy). Klein's ideas were poorly understood and heartily criticized as wild and unscientific. In fact, a number of faculty meetings that I attended at the New York Institute at the time were devoted to a demonstration of the heretical nature of Kleinian theory, particularly concerning the very early

[3] I remember a story Bornstein told us as students in a class about an eight-year-old patient whom she had inherited from Klein. In an early session, the patient told Berta, "I want a piece of chocolate—I mean your breast!"—whereupon Bornstein replied indignantly, "You don't mean my breast, you mean a piece of chocolate!"

stages of development as elaborated in the concepts of the paranoid-schizoid and depressive phases and the first six months of a child's life.

THE NEW YORK DISCUSSANTS IN CONTEXT

The three discussants of Winnicott's paper had been carefully selected by the program committee of the New York Psychoanalytic Society and Institute. Edith Jacobson, the most senior discussant, was undoubtedly chosen because of her recently completed book, *The Self and the Object World* (1964), in which she elaborated the earliest stages of development of the concept of self and identity. Samuel Ritvo, from the Yale Child Study Center, represented the most sophisticated thinking of the time about early child development as derived from direct observation of children in institutions and in psychoanalytic treatment. Bernard Fine, a recently appointed training analyst, was the most classical ego psychologist of the three; I suspect he was asked to discuss this paper in recognition of his recent advancement, and with the expectation that he would present the current classical viewpoint in its best light.

Jacobson approached the early stages of childhood in a manner quite different from that of Winnicott. Her ideas were firmly rooted in drive theory. She saw instincts as pleasure seeking rather than as object seeking; she referred to the earliest mental structure as a psychophysiological self, thus emphasizing the connection of the mental apparatus to the biological apparatus. She criticized Kleinians for their failure to differentiate sufficiently "between external objects and their endopsychic representations, and worse . . . [for failing] to differentiate those from introjects, a term Klein used improperly in describing the infantile superego" (1964, p. 46). According to Jacobson, self-images assume the characteristics of object images, and vice versa, as a result of the process of introjection.

In line with the tenets of classical ego psychology, Jacobson accorded a key role in the pleasure-unpleasure principle to the development of identifications and the gradual separation of wishful self-images and realistic self-representations. Yet she was also familiar with the transitional objects that "Winnicott has so magnificently described" (p. 48), and she shared some aspects of his general approach. For example, following

Freud's suggestions, she broadened the concept of orality to include all the physical and emotional stimuli "of special importance with regard to the influence of maternal care on the growth of the infantile ego" (1964, p. 36). She also believed that "the earliest infantile stage is represented by the mother–child unit" (p. 38).

Ritvo, a leading researcher, had recently concluded a study on deprived infants in an institutional setting. He showed that infants deprived of proper maternal care demonstrate an overall delay and impairment in ego development, including acquisition of language skills, the capacity to play or to recover lost toys, and even the use of some instinctual activities, such as thumb sucking or finger sucking. Thus, his work demonstrated the interplay between maturational factors and the external environment. He concluded that the object is important in stimulating and mobilizing the energy with which the image or memory trace of the object, and all it entails, is cathected (Ritvo 1962).

As mentioned, Bernard Fine, the most junior discussant, could be expected to share the general theoretical view held by many New York Institute members. His publications included "Some Aspects of Psychoanalytic Methodology" (1964), in which he compared psychoanalysis to microphysics. For several years, he had provided reports of the New York Institute's meetings for publication in *The Psychoanalytic Quarterly*.

WINNICOTT'S ADVANCE SUMMARY OF HIS PRESENTATION

Here is a summary of Winnicott's main themes in the paper, as prepared by him and distributed to the three discussants in advance of his presentation:

> Object-relating can be described in terms of the experience of the subject. Description of object-usage involves consideration of the nature of the object. I am offering for discussion the reasons why, in my opinion, a capacity to use an object is more sophisticated than a capacity to relate to objects; and relating may be more to a subjective object, but usage implies that the object is part of external reality.

This sequence can be observed:

1. Subject relates to object.
2. Object is in process of being found instead of placed by the subject in the world.
3. Subject destroys object.
4. Object survives destruction.
5. Subject can use object.

> The object is always being destroyed. This destruction becomes the unconscious back cloth for love of a real object, that is, an object outside the area of the subject's omnipotent control.
>
> Study of this problem involves a statement of the positive value of destructiveness. The destructiveness plus the object's survival of the destruction places the object outside the area in which projective mental mechanisms operate, so that a world of shared reality is created which the subject can use and which can feed back into the subject. How this usage develops naturally out of play with the object is the theme of this talk.[4]

Sensing that his ideas might be difficult for an uninitiated audience to understand, Winnicott also suggested that attendees read a number of his seminal papers ahead of time.

THE FORMAL DISCUSSIONS OF WINNICOTT'S PRESENTATION[5]

Jacobson gave the first response. She made it clear that this was a special occasion for her. She had been determined not to undertake any additional discussions of papers that year, but she could not resist the temptation to comment on this one, she said.

[4] This document is contained in the New York Psychoanalytic Society and Institute archives.

[5] I am relying on the excellent summary of Winnicott's presentation and the accompanying commentaries that David Milrod prepared, and on my personal discussion with Milrod, as well as on my review of the full texts of Jacobson's and Fine's remarks. Ritvo did not keep a copy of his text; when I contacted him, he told me that the relative closeness of his own position to Winnicott's may have had to do with the fact that, of the three discussants, he was the only one with extensive experience with children. (Ritvo subsequently died in December 2008.)

Jacobson's remarks might have been a disappointment for Winnicott, as he must have expected a warmer endorsement based on this senior colleague's interest in the early development of the self. She was critical of his term *use of an object* as distinct from the concept of *relating to an object*. She objected to Winnicott's view of relating, saying that in his conceptualization, a narcissistic, rather primitive type of object relations was described—quite the reverse of the use of the term in traditional ego psychology. She felt that his usage of *relating to an object* was thus a misuse of the concept.

She contrasted this perspective of Winnicott's with the idea that, in psychoanalysis as practiced in New York, *relating* was considered to be on a higher plane than *using*. Likewise, she disagreed with the idea that babies at the breast could be developmentally advanced enough to "use" the breast in Winnicott's terms. She then objected to his sequence of "the subject destroys the object," followed by the "object survives." She felt that he did not make it sufficiently clear whether he was also referring to the phenomenon of the patient who verbally attacks the therapist, and when the therapist survives, the patient subsequently experiences the lack of retaliation as a prelude to loving experiences. Jacobson contrasted Winnicott's position with her own experience with psychotic patients, some of whom, after a destructive attack on the therapist, did not seem to progress to a better place.

Jacobson was puzzled by Winnicott's central postulate that "whereas the subject does not destroy the subjective object, . . . destruction turns up and becomes a central feature in so far as the object is objectively perceived, has autonomy, and belongs to shared reality" (1969a, pp. 713-714). She also did not understand the difference between annihilation, anger, and destruction.[6] Finally, she felt that the case material (not included in the summary, but later published in *Psychoanalytic Explorations*) did not convincingly illustrate his theoretical position.[7]

[6] My own opinion is that *annihilation* refers to the total destruction of the object image, with no trace remaining, while *anger* is the associated affect, and *destruction* refers to taking apart the object, but with traces of an object relation remaining.

[7] Having read the lengthy clinical material that was distributed ahead of time to the discussants, I agree with Jacobson's critique on this point.

Samuel Ritvo also tried to translate Winnicott's concepts in ego psychological terms, though somewhat less critically than the other two discussants. He suggested that Winnicott's idea that there is no real contact with the object until it survives destructive attack may "coincide with our understanding that the budding ego cathects the object with aggression when it experiences non-pleasure, and this in turn fosters differentiation of self from non-self." Furthermore, "[a] permanent object relationship is based on the capacity to tolerate frustration, a capacity which depends on the neutralization of aggression. This latter depends heavily on the facilitating environment."[8]

Bernard Fine, in the last and most searching critique, found Winnicott's presentation incomplete and wanting in several respects. He first made it clear that Winnicott's ideas were anything but simple. His perspective presented major reformulations concerning object relations, the theory of aggression, and problems of technique. Fine first posited himself as having taken the trouble to read "many of the author's past and present contributions so as to create a better context for his remarks" (from the text of Fine's remarks on file in the New York Psychoanalytic Society and Institute archives). This made his critique more significant, as he had clearly done his homework.

Fine objected that Winnicott seemed to leave out of the picture any reference to libidinal ties to the object as a crucial factor in the object's survival of attack. He felt that Winnicott underestimated the role of the ego, including its maturation, development, and relationship to the external object. Fine preferred to rely on such concepts as *ambivalence, fusion, defusion neutralization,* and *fantasies of merging.* He saw Winnicott's ideas of object destruction following separation as an unwarranted, far-reaching, and unsubstantiated modification of existing theory. He understood Winnicott as reformulating the theory of aggression, with the placement of greater emphasis on environmental and experiential components.

[8] These quotations are from Milrod's synopsis of Ritvo's comments, made available to me from the New York Psychoanalytic Society and Institute archives by Nellie Thompson.

In the last section of his commentary, Fine focused on Winnicott's concept of the transition from one phase to the next. He felt that neither the clinical material presented, nor Winnicott's experiences with borderline or psychotic patients, allowed for generalization to normal development. He also objected to Winnicott's clinical approach of waiting cautiously and letting the patient know the limitation of the analyst's understanding (Winnicott 1969a, p. 711). Such an approach was applicable to borderline patients, in Fine's opinion, but made no real sense with more neurotic patients. Fine felt more comfortable with Mahler's more inclusive ideas about this phase of development; he saw these as a complex series involving the development of object relations, drive development, the maturing ego, and the individuation process that leads to differentiation between self and object. Fine also shared Jacobson's objection to Winnicott's concepts of *object relating* and *object usage*.

After Fine finished his discussion and sat down, no one from the audience asked any questions or made any comments, making Winnicott's task more delicate. After a long silence, he replied to his discussants in a charming and whimsical fashion, stating that his overall concept had been torn to pieces and that he would be happy to give it up! He had been trying to say something, but felt he had not succeeded. He returned to his clinical experience concerning patients for whom arriving at a point where they could use him as an analyst was more important than his interpretations to them. Such patients seem to need to protect the analyst from something—not merely anger, but destruction. Once they are able to take the risk of destroying the analyst, they are in a position to use him. Winnicott conceded that non-use can be fueled by hate and can lead to deterioration, but he was mostly concerned with non-usage based on the need to protect the object.[9]

Winnicott once ended another lecture by saying: "It is perhaps the greatest compliment we may receive if we are both found and used" (Winnicott et al. 1989, p. 233). He might have felt that the audience

[9] What may be confusing for the unprepared reader is that Winnicott does not always make it clear whether he is referring to an internal object or to an external one. In the present instance, I believe that the object referred to is mostly internal—made up of projections, or at least poorly differentiated from the self.

at his New York presentation related to him (i.e., listened to his ideas), but never used him (in the sense of having a real dialogue with a true external object).

Overall, Winnicott remained dissatisfied with the way he had expounded his ideas in this lecture, as his subsequent notes and writings suggest (see, for example, Winnicott 1968b). A number of audience members to whom I spoke were all struck by what seemed to be the primary speaker's extreme disappointment and dismay at the tenor of the meeting.

To further exacerbate matters, Winnicott was not well; he had a serious heart condition complicated by the development of a nearly fatal bout of influenza. He had to be hospitalized the day after the meeting, requiring several weeks' stay before he could recover sufficiently to return home to England in a weakened state and a somewhat despondent mood. Some maintain that he also suffered a heart attack, triggered by the stress of the evening, from which he nearly died and never completely recovered, but others dispute this and claim that he continued to lead a normal and fruitful life after returning to London.

In January 1969, Winnicott wrote to Anna Freud:

> If you were to ask me what about my paper "The Use of an Object," I would say that the answer is complex. I read the paper and got considerable personal benefit from the reaction of the three discussants so that I am now in process of rewriting it in a quite different language. The unfortunate thing was that the three said discussants occupied the whole of the time so that there could be no response from the very large audience which collected for some reason unspecified . . . . Actually I was already ill but I think this was not noticed. [Kahr 1996, p. 120]

Was Winnicott being disingenuous when he wrote that the large audience had "collected for some reason unspecified"? Whether he actually revised his paper is questionable, since the published version (Winnicott 1969a) differs only in minor respects from his lecture in New York. In a contemporary letter, he writes: "I have just read a paper on this to the New York Psychoanalytic Society but my ideas are not well formulated in this paper" (Rodman 1987, p. 181).

Even some authors friendly to Winnicott (Reeves 2007) question his judgment in selecting this paper for presentation; why he chose an incompletely worked-out paper and a diffuse case history for this special occasion remains a mystery. It may be that, at this stage, Winnicott was beginning to elaborate his disagreement with Freud about the concept of the death instinct, and that the reaction in New York stimulated him to spell this out in a subsequent paper: "The Use of an Object in the Context of *Moses and Monotheism*" (Winnicott 1969b) (Abram 2009).

Reeves (2007), writing on the New York presentation, suggests that

> Winnicott was deliberately, if unconsciously, setting himself the challenge of properly comprehending the issues himself. He could only let go of them once they were fully formed; yet he could only discover this by trying them out and observing the reaction. [p. 367]

This seems consonant with what Winnicott himself wrote about his style of communicating.

Winnicott's letter to the New York Institute's administrative director shortly before the meeting (October 31, 1968), concerning his misgivings about the clinical material, is quite instructive:

> The point is that the case description must be long unless it is condensed by me and therefore distorted or possibly distorted to fit the theme. If one of the discussants should have time to read through this long description of a two-hour interview, then it may be possible to find something for discussion. It might be possible, for instance, for the discussants to claim that the material does not illustrate my theme. I think that some of these difficulties are inherent. My hope is that the point that I am making may remind hearers of clinical material of their own.[10]

Posner et al. (2001) quote Winnicott as saying to his students: "What you get out of me you will have to pick out of chaos" (p. 172). What Winnicott meant was that he was "going to think and talk creatively, and if you hope to take anything in, you must listen creatively" (Walker quoted by Posner et al. 2001, p. 173).

[10] This letter is in the archives of the New York Psychoanalytic Society and Institute and was made available to me by Nellie Thompson.

The meeting stimulated Winnicott to refine and explain the ideas that his New York audience had such a hard time accepting. In "Comments on My Paper 'The Use of an Object,'" Winnicott returns to the New York presentation as if continuing an unfinished dialogue with his discussants. He starts out by stating that our theory about aggression needs some healthy rethinking. In accordance with Freud, he points out that aggressive drives are not related to hate or anger, but rather to muscle eroticism. Thus, in contrast to Klein, he did not posit an innate sadism; rather, he saw the young infant's biting of the breast as a spontaneous assertion of power—perhaps even as a pleasurable sensation in the service of primitive love.

WINNICOTT IN CONTEXT: FORMAL ASPECTS

Winnicott felt strongly that the child's experience could not be described using secondary-process concepts without betraying its essential reality. To be sure, Winnicott did not make it easy for readers unfamiliar with his work or his style to follow him in his rather condensed way of presenting ideas, his idiosyncratic use of language,[11] or his delight in paradox. This is well explained in the following passage from an interesting chapter entitled "The Use of the Word 'Use,'" written in February 1968, six months before his presentation in New York. There Winnicott explained his strategy:

> We get so used to words through using them and become so dulled to their usage that we need from time to time to take each one and to look at it and to determine in so far as we are able not only how the word came into being through the poetry of etymology, but also the way in which we are using the word now. [Winnicott et al. 1989, p. 233]

Winnicott thus spontaneously discovers a new idea arising as if by chance from his preconscious, and wants to play with it and discover

[11] Winnicott noted, "I have an irritating way of saying things in my own language instead of learning how to use the terms of psychoanalytic metapsychology" (Rodman 1987, p. 58).

its potential. By inverting the concepts of *relating* and *usage,* Winnicott acknowledges that *usage* in American psychoanalysis commonly has a pejorative meaning, whereas his revised concept of *relating* refers to the patient who "uses" the analyst (in the American analytic sense)—as, for example, a toilet, or as an audience for his products—and in so doing also relates to him, and this relationship is part of an overall developmental stage in the analysis.

Winnicott rejected a number of Freudian postulates that are basic to classical metapsychology (Fulgencio 2007). He was deeply suspicious of very abstract terms as applied to the individual's development. He disliked such concepts as the *life instinct* and *death instinct,* much preferring abstractions like *needs,* which he felt were closer to our experience of bodily functioning and the integration or satisfaction derived from bodily excitation, which for him was a primary building block of the sense of self. Winnicott expanded on an idea first presented by Freud in "Instincts and Their Vicissitudes": "A better term for an instinctual stimulus is a need" (Freud 1915, pp. 118-119); such stimuli are the sign of an internal world. Winnicott also developed Freud's early ideas on ego drives and Nunberg's (1931) concept of an integrating or synthetic function.

Having treated many borderline and frankly psychotic patients, Winnicott felt, as did Klein, that Freudian theory needed revisions to account for the psychopathology and treatment technique of these sicker patients. He focused particularly on schizoid withdrawal, emptiness, despair, and the problem of making affective contact with such patients given their primitive transferences (they "related" to the analyst rather than "using" him).

Winnicott tried to link some of these phenomena to specific failures of the environment and developed a core set of ideas concerning the growing infant, including the birth of the object, the key role of play, and the development of aggression. These were buttressed by his rich mother–infant observations and his common-sense approach to early life. His ideas on these topics continued to evolve throughout his career. In fact, the paper he delivered in New York represented the culmination of thoughts he had first elaborated in his paper on primitive emotional

development (1945) and then extended in a number of other papers, including his seminal one on transitional phenomena (1953).

Although, to be sure, any theory about development in the preverbal child is speculative in nature, Winnicott (1941) managed to devise ingenious interactive games involving a wooden spatula, which he placed on his desk within reach of the toddler, noting carefully what the child did with it (dropping it, ignoring it, handing it to him, playing with it, putting it in the mouth, etc.). This allowed Winnicott to probe the mind of the developing young child, somewhat along the lines adopted by Piaget in the early 1920s as he devised simple experiments with a ball and blanket to test his ideas on the development of object constancy in his young daughter, then age two.

Like any other writer on early childhood, Winnicott had to rely on a number of postulates about the developing mind. Although space constraints preclude my spelling out all these postulates here, I will discuss those that are most significant in terms of Winnicott's interaction with the New York group.

WINNICOTT'S FUNDAMENTAL POSTULATES: THE DEVELOPMENT OF THE SELF AND THE PLACE OF AGGRESSION

Postulate #1: The Role of the Self in Early Ego Development

In his considerations of early development, Winnicott reversed Freud's hypothesis about the order in which the mind's structural components develop:

> In the very early stages of the development of a human child, . . . ego-functioning needs to be taken as a concept that is inseparable from that of the existence of the infant as a person. What instinctual life there may be apart from ego functioning can be ignored because the infant is not yet an entity having experiences. There is no id before ego. [Winnicott 1962, p. 56]

Although Freud referred to an undifferentiated matrix out of which both ego and id develop, he did not express the idea that there must

first be a self to experience life before we can speak of the existence of instinct and of a structure called *ego*.[12] For Winnicott, the primary event is the child's development of the capacity to live an experience. One could say that he reversed the Cartesian motto *cogito ergo sum* to *sum ergo cogito*.

In contrast to the New York group, Winnicott assumed that a primitive self or being is present in rudimentary form almost from birth. In this he extended Freud's idea that an organism that functions only at the level of primary process could not exist. In this way of conceptualizing development, Winnicott fundamentally disagreed with Anna Freud, who believed that purely physiological needs and the absence of an object characterize the child's early period. For example, she stressed in the Controversial Discussions that the child must be aware of thirst and the need to satisfy it before he can conceive of water or of any external object satisfying that need.

In his paper on the transitional object (1953), Winnicott took his first step in describing the progression from the idea of a purely internal object to a transitional object.[13] In the paper presented in New York, he took the next step in attempting to describe the subsequent evolutionary process from an early transitional object to that of a truly external object.

Postulate #2: The Role of the Environment in Development

Winnicott believed that the child's development occurs on an interactive basis, depending heavily on the mother's receptiveness and responses to the child's communications (the *facilitating environment,* Winnicott 1965). In this he departed significantly from the theories of Klein. His emphasis on the mother–child unit opens up the issue of intersubjectivity in psychic development, including unconscious communication between mother and infant.

[12] It is interesting to note that Freud's use of the word *ego* conflated two very different concepts: that of the ego as a structure, and that of the self as the nature of the subjective being. This conflation covered over a conceptual problem. Much confusion resulted, until Hartmann examined the concept of *self* from a metapsychological point of view (see Hartmann 1950). It was the development of the self as an entity that interested Winnicott.

[13] The idea of a transitional space was already present in Freud's (1915) description of the transference as creating an intermediate region between illness and real life.

The key passage in which Winnicott (1945) develops these novel ideas is as follows:

> In terms of baby and mother's breast (I am not claiming that the breast is essential as a vehicle of mother-love) the baby has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby. These two phenomena do not come into relation with each other till the mother and child *live an experience together.* The mother being mature and physically able has to be the one with tolerance and understanding so that it is she who produces a situation that may with luck result in the first tie that the infant makes with an external object, an object that is external to the self from the infant's point of view. [p. 141, italics in original]

In commenting on this passage, Ogden (2001) points out the importance of the notion of complementarities between the inner states of the two participants, i.e., the fit between the two agents (the predatory baby and the mother who wants to be "attacked"), and the crucial role of the experience of living together, with an emphasis on being alive as a building block of the human psyche. "Human experience does not have life until we live it" (Ogden, p. 315). But there is another hidden idea in Winnicott's phrase, related to the earliest level of experiencing: "living an experience together" is still part of a quasi-fusional, undifferentiated state of the mother–child unit, a developmentally pretransitional phenomenon where outer and inner have no meaning.

Winnicott explains that the infant comes prepared with a (hardwired?) notion of a breast, which gradually becomes enriched and corrected by actual sensory experiences.[14] Winnicott's statement about the infant's "first tie . . . with an external object" was of course problematic if one assumed Winnicott meant that the infant would be in a position at this early stage to have a concept of an external object. Jacobson commented on this problem in her remarks. However, I believe that Win-

[14] Here Winnicott's ideas are very close to those of Bion (1962): "Psychoanalytically, the theory that the infant has an inborn disposition corresponding to an expectation of a breast may be used to supply a model. When the preconception is brought into contact with a realization that approximates it, the mental outcome is a conception" (p. 306).

nicott was here condensing into one image the slow development of the concept of the object (an ideational approach that Jacobson found difficult to accept).

"The Use of an Object" can be seen as the author's attempt to spell out the transition from the earliest form of the object (the subjective object), to the first transitional object (which is poorly differentiated from the self), and then to the more advanced version, in which the object is clearly distinguished from the self and more objectively perceived. Winnicott is reconstructing the very early experiences of the infant from an object relations point of view—largely physiological, to be sure, but also indicating the contribution of these experiences to a primitive, developing sense of self. Early sensations occur at the limiting membranes, i.e., the skin, the seat of bodily phenomena, which are at first without meaning.[15] These sensations have to be experienced within a psychical apparatus in order to acquire meaning. Mechanisms of introjection and projection allow for the integration of good and bad experiences with the environment, leading to a sense of continuity, a feeling of existence that eventually allows for the development of a psychical apparatus and the growth of cognitive functions. This early development precedes the differentiation into the tripartite structure of classical ego psychology.[16]

Postulate #3: The Development of Aggression

Winnicott's writings on aggression are amongst the most difficult parts of his theory, in part because the clinical basis for these ideas is less rich, especially given the limitations of exploring the mind of the newborn from the inside (see Posner et al. 2001; Samuels 2001). Nevertheless, an excellent discussion and explication of his formulations on this topic can be found in Abram and Hjulmand (2007).

Winnicott posited a primary nondestructive aggression, seen as a healthy development connected with appetite, assertion, motility, and life itself, although at some point cruel aggression intervenes. The mother

[15] These ideas have been taken up by some French analysts who have been quite influenced by Winnicott (see, for example, Green 1975).

[16] I am indebted to Anzieu (2009) for clarification about this aspect of Winnicott's ideas on early development.

may experience the baby's "aggression" as dangerous or destructive, leading to pathological consequences for the developing infant (a fear of the possibility of retaliation). In contrast to Klein, Winnicott believed that it is only by chance that early aggression is destructive or hurtful, not by intent, and that it is not directed at the object, as Klein believed. He fundamentally disagreed with Klein's view of primitive aggressive fantasies in the neonatal period as directed at the depriving breast.

Winnicott spoke of the "ruthless" infant—referring to infants during the first two years of life, roughly speaking, prior to the stage of concern for the whole object (see, for example, Winnicott 1945, p. 142). Concern for the whole object cannot arise if the child's ruthlessness has not been given free expression. The word *ruthless* could be confusing, however, because Winnicott does not make it clear from whose point(s) of view he is describing it as such—certainly, from the mother's or an outside observer's viewpoint, but also from the infant's? Winnicott does not assume that the baby can have a destructive intent or an awareness of the destructive aspects of his own behavior, let alone concern for the welfare of the other.

For Winnicott, the primitive destructive urge seen in ruthlessness belongs to an early stage of love. It is crucial for the mother to be able to tolerate this ruthless behavior without retaliating. The child is then able to progress from a purely subjective view of the internal object, one undifferentiated from the self, to the perception of a truly external object. In Winnicott's terms, he moves from the stage of object relating to object usage that is dependent on the creation of an external object. The survival of the "real object" allows the child to locate the primitive internal object outside the subjective sphere, in the external world—that is, beyond the area of projection.

It is at this very early stage that some borderline patients may become fixated. In this view, a primitive violence toward the object is present in the earliest encounters, and it is this violence not specifically aimed at the destruction of the outside object that Winnicott calls *aggression*. This can be seen in the young child who appears to take pleasure in tearing his toys apart, which might be seen as a way station to his placing them outside the sphere of his omnipotent control. Interestingly, Milner extends these ideas to the realm of creativity, referring to

> . . . the aggressive relation with the object required if the artist is to make it her own; she has to destroy the original, recompose it, transform it and thus enable it to be seen and experienced as it is in what it can offer and provide. [Milner quoted in Caldwell 2007, p. 2]

The newborn chick destroying its shell in the process of birth might be an appropriate analogy for Winnicott's perspective. One could say that he focuses much more than others do on the healthy aspect of mental functioning. He is more optimistic than Klein. At times he has even been criticized for underestimating the role of aggression, both theoretically and clinically. This becomes evident from a reading of the clinical case material that he distributed to the three discussants at his New York presentation.

I believe that Winnicott's ideas on the dual role of aggression were influenced by Greenacre, who saw the role of aggression "both as a manifestation of biological growth and as an expression of destructive, cruel impulses" (Thompson 2008, p. 262). For Winnicott, there is a key difference between healthy destruction in fantasy that becomes integrated into the personality, and pathological destruction, which indicates an aggression that "has not been integrated into the personality and remains split off—this belongs to emotional immaturity" (Abram and Hjulmand 2007, p. 25). Although this view of early aggression as nonhostile and nonaggressive should have been familiar to the discussants, they did not seem to take it into consideration when commenting upon Winnicott's paper.

In contrast to Klein, Winnicott makes another assumption: namely, that splitting into good and bad objects is a consequence of the mother's poor management of, and inability to tolerate, her baby's expression of "healthy aggression"—rather than a necessary stage of development based on an inability to fuse good and bad aspects of objects for fear of the power of destructiveness. Winnicott's evolving ideas on aggression could be linked with Freud's opinions as expressed in "Instincts and Their Vicissitudes" (1915), in which he wrote a somewhat cryptic statement that puzzled me until I came to appreciate Winnicott's elaboration:

> Hate, as a relation to objects, is older than love. It derives from the narcissistic ego's primordial repudiation of the external world with its outpouring of stimuli. As an expression of the reaction of unpleasure evoked by objects, it always remains in an intimate relation with the self preservative instincts. [Freud 1915, p. 135]

Freud is here pointing out that love requires a more advanced stage of object relations than hate. Winnicott extends Freud's idea of initial hate related to unpleasure by emphasizing that, at this stage, the hated object is mostly a bundle of projections.

CLINICAL CONSEQUENCES OF WINNICOTT'S MODEL

Somewhat like Loewald (who was implicitly influenced by him), Winnicott posited the role of the therapist as analogous to that of the competent mother, allowing the child to develop in his own fashion without a preconceived path. These ideas are particularly applicable in those instances where there has been a failure of the mother to provide a facilitating environment (Winnicott 1965). It is in this context that the role of regression in the analytic situation must be understood. When such issues are at play, interpretation takes second place to a sensitive attunement to the patient's regressed needs, particularly when the "as-if" quality of the transference no longer obtains, and the analyst finds himself having to engage with the patient as the person he is.

This view was further developed by Green (1975), who emphasized that in such situations, there is a "danger of overfilling the psychic space when one should be helping to form the positive cathexis of the empty space" (p. 17), and that the analyst must avoid the trap of a premature intrusion. The aim is not to transform primary process into secondary process (as in the classical view), but rather "to initiate play between primary and secondary processes" (Green, p. 17).

One of the analyst's most important functions is to enable the patient to freely play with thoughts and feelings. This is more important than the content of interpretations given by an all-knowing therapist,

according to Winnicott. In "The Use of an Object," he points out that if all goes well, we can see a subtle shift in some patients who, after a certain point in treatment, begin to really *use* the analyst instead of merely *relating* to him. This change, usually noted by both participants, is gratifying (and in fact never occurs with some patients). Although Winnicott does not exactly define what he means by this shift, he assumes that experienced analysts will intuitively understand what he means without further clarification.

I believe that here Winnicott is referring to the intimate relationship that can develop with some patients and not with others. When this occurs, the patient can freely and flexibly use the analyst as a true transference object, rather than relating to him in a rigid and stereotypic way in which he remains fixed in either an idealized, compliant, or depreciative transference. For this shift to happen, the patient has to be able to express his aggression externally, to be sure, but we must also keep in mind that the main target of that aggression is that of the primitive, internal, probably idealized object. Also of importance is that the analyst must survive the attack without retaliation.

Winnicott gives few clues about how to create the optimal psychoanalytic atmosphere. Perhaps the closest approximation to this is his view that the analyst should have the capacity to offer himself as an object, allowing the creation of another—a means of permitting chaos to acquire meaning and representations to replace unformed, unsymbolized experiences.

Here I am reminded of one of my borderline patients, who clearly described with great sensitivity her two-year-old son's shift in relatedness as a developmental achievement. At first, the baby would have tantrums and throw food at her with his spoon, with no regard for what was happening. Then one day things changed dramatically: the little boy looked at her intently, then aimed his spoon at her face and fired his weapon. She immediately understood the important shift that had just taken place in her baby's relation to her. If I am right in seeing this as a transitional moment between relating and object use, then Winnicott would say that, if at this point the mother "survives" and does not retaliate, the toddler will gradually be able to place the object outside the self and initiate a relationship with a true external object. He will also be in a position to

internalize this experience, and a more positive object relationship will ensue. The object that is really under attack is the external one, but what may be difficult to grasp is that, in my belief, a sequence like this one also involves the object representation of the mother in the process of being differentiated from the self-representation (to use Jacobson's language), or what Winnicott would term the *subjective object.*

In discussing "The Use of an Object," Fine clearly misunderstood Winnicott's new way of formulating the analytic process with certain borderline patients. At one point in this paper, Winnicott states in a semiwhimsical fashion that, with his borderline patients, he interprets "mainly to let the patient know the limits of my understanding" (Winnicott 1969a, p. 711). Fine, rather taken aback, wonders "whether this method can be established as an approach or generalization concerning the work with neurotic or character neurotic patients? If it is relevant, it certainly suggests an important shift in technical procedure and orientation" (quoted from the text of Fine's comments in the New York Psychoanalytic Society and Institute archives).

I believe this very concrete reaction to Winnicott's point misses what the latter was trying to convey. First, Winnicott was mostly concerned with the sicker patient who often tries to establish a childlike dependency on the analyst as a magical cure for what ails him. Second, upon reading his clinical material, it becomes quite clear that Winnicott did not mean to be taken so literally. He certainly relied on free use of interpretations. He was most likely alluding to the idealization of the analyst by both the patient *and* the analyst, and warning that this idealization can stand in the way of a realistic assessment by the patient of his own potential, fostering an attitude of passive expectancy that is contrary to Winnicott's spirit, and that further impoverishes the use of the analyst by the patient.

Rather than laboriously describing all this in great detail, Winnicott pithily resorts to a humorous paradox, a bit of a joke. In contrast to the traditional view that accurate interpretations and the data supporting them are very much part and parcel of the teaching of psychoanalysis, Winnicott playfully turns the whole theoretical edifice upside down and makes us confront an unpleasant reality—namely, that we typically know much less about the patient than we think we do, and that interpretation

can serve the useful function of dispelling unhealthy idealization of the analyst by both parties.[17]

Thus, an important clinical consequence of Winnicott's thinking is a deemphasis of the role of interpretation, which is partly replaced by the fostering of a climate allowing the patient to creatively reappropriate his experiences—particularly those traumatic ones occurring very early in life that could not be represented by the immature psyche. This process helps undo for the patient what Winnicott refers to as a "lack of being" (the *false self*).

It is interesting that none of the New York discussants commented on the almost total absence of the father in Winnicott's theoretical presentations. In his writings, the analyst is often seen as maternal, especially in providing a holding environment. This lack would later be corrected in one of Winnicott's last papers, "The Use of an Object in the Context of *Moses and Monotheism*" (1969b).

REVISITING THE DISCUSSANTS' REMARKS

In reading the critique of the three discussants, it is clear, first, that none could establish a meaningful exchange with Winnicott, nor incorporate any of his new ideas into their systems of thought or therapeutic outlooks. Yet on careful rereading, I sense that many of the objections were raised not so much to criticize as to try to address the very real problems in the paper that had not been adequately considered.

Jacobson understood that Winnicott's concept of object relating was in fact close to the primitive narcissistic level of development that she had written about in her own work, but the key developmental step leading to object use remained difficult to grasp, for good reasons. None of the discussants felt comfortable with Winnicott's reversal of the common meaning of the terms *relating* and *usage*. Neither could they relinquish their familiar terminology for the earliest stages of development, whether it was based on Mahler's ideas or on those of Hartmann,

[17] At the time of my own psychoanalytic training, candidates were taught with almost scientific rigor about the extreme value and multiple appeal of a properly crafted interpretation—including identification of the data justifying it, how to follow it up by listening closely to ensuing associations for confirmation, and so on. Such traditional thinking was dear to the hearts of most analysts at the New York Institute in 1968.

Kris, and Loewenstein, nor could they establish bridges with Winnicott's formulations.

All three had considerable difficulty appreciating Winnicott's original views on aggression, particularly when it came to the idea of "subject destroys object." Jacobson wondered whether he was referring to actual attacks on the therapist as an outside object, or whether the attack might be followed by an abandonment of magical thinking, thus bringing the phenomenon in line with more primitive thinking. Unfortunately, Winnicott did not make it sufficiently clear that, for him, it is the encounter with the object that gives rise to the imaginative elaboration or mentalization of the instinct, not the other way around. Ritvo came closest to seeing it this way. At this very early stage, one cannot really speak of a positive libidinal investment in the object, since there is no true external object to be invested with libido, a point that was not appreciated by Fine.

The issue of the destruction of the object as a developmental step is not entirely foreign to ego psychology; there is some literature on the fate of the oedipal complex, with different terms used to describe its demise: *waning* versus *destruction.* That is, when one phase supersedes another, do the earlier issues and conflicts disappear or remain? Perhaps, in the process of transformation, some issues clearly disappear or become no longer relevant. Winnicott went a step further and posited the element of destruction of a more primitive object representation. Some of Klein's ideas on the progression from the paranoid-schizoid phase to the depressive position are consistent with this perspective, as was explicated by Geleerd (1963) in a discussion of Klein's well-known case of Richard:

> The next period of development, according to Mrs. Klein, is the depressive position, when the mind of the child has to breach the gap between the internal frightening fantasies of the annihilated love object and the growing awareness that the love object is real . . . . The first attempt to reconcile the violent and destructive inner world with the reality of a loving mother is through the hypomanic defence of denial; the denial of guilt over the destroyed love object. According to her, intensive processes of restoration and reparation now lead to reconciliation

of the inner world of destroyed love objects with the more reality-adapted introjected good whole love objects. [p. 499][18]

CONCLUSIONS

In the paper presented at the New York Psychoanalytic Society and Institute, Winnicott offered three new ideas: first, he focused on a type of analytic impasse encountered with some borderline patients who are stuck in a type of primitive transference. Second, he defined the dynamics of that transference as related to a particular stage of child development—one concerned with the existence of a primitive object, mostly internal, made up of projections of the self. Third, Winnicott described those processes that in his view are necessary for the progression from this primitive stage to the stage of relating to a true external object, outside the sphere of omnipotence. Thus, with "The Use of an Object," he completed his description of theoretical development that had been initiated in "Transitional Objects and Transitional Phenomena" (Winnicott 1953).

As an offshoot of this process, Winnicott elaborated on an aspect of nondestructive aggression that is necessary for the creation of a true external object. He also described some important clinical consequences of his view, incorporating the developmental issues he had discussed into a modification of the classical view of the role of the analyst as the clarifier of unconscious fantasies. Rather than relying largely on the curative aspect of interpretations, he stressed the role of the analyst as facilitator of a process of the patient's self-discovery through the use of a type of playing. This new view shifted the focus of the analysis to earlier primitive ego states, often reached through regression.

Winnicott's approach can be seen as an offshoot of Ferenczi's, with his emphasis on the role and importance of the relationship with the analyst. One could say that this psychology, based as it was on object relations, was a refined elaboration of life as seen from the point of view of the self or "being," rather than from the point of view of the primacy of instincts. Winnicott was interested in those processes by which the

[18] The similarities and differences among Freud, Klein, and Winnicott on early aggression deserve amplification, but would require a separate paper to do them justice.

psyche comes into being, and the way in which the child uses his lived experiences to create representations and symbols. These in turn help bring about identity formation, which is always evolving. Experiences that are too traumatic to achieve the status of representation remain in an unmetabolized, split-off state; their existence can be inferred through certain actions or somatic manifestations.

Winnicott has been enormously influential on current French psychoanalytic thinking. Green developed his ideas on the negative and problems of nonrepresentation based in large part on some of Winnicott's concepts of absence and decathexis (see Reed and Baudry 2005). Winnicott's ideas on the transitional phenomena also allow more refined formulations on the early stages of representation and symbolization.

Winnicott exerted considerable influence on a number of American analysts as well: Kohut, Loewald, and Greenacre (Thompson 2008), and Zetzel, to mention but a few. Winnicott spoke of the pathogenic role of a failure of mothering in the early years, whereas Kohut referred to the impact of the mother's failures of empathy and their presence in the transference. Loewald followed Winnicott's ideas on the role and function of the analyst as a new object.

Winnicott's novel ideas about the clinical encounter also extend to the role he assigns to his reader. His purpose in presenting his ideas is not so much to teach, but rather to create the right climate to allow the reader/listener to discover within himself a personal resonance with his ideas (Rousillon 1997). Hence Winnicott may hope to convince others of the correctness of his ideas in the same way that an analyst might hope the patient will appreciate the correctness of his interpretations.

To truly appreciate Winnicott, it becomes necessary to leave the safety of one's preconceived ideas and to look at the analytic encounter in a much more open and less prejudiced fashion. It is also necessary to sometimes poke fun at oneself, but at the same time to maintain a profound respect for the potential growth of the patient, which can be fostered by an atmosphere both playful and respectful. There is probably nothing intrinsic to this view that contradicted the tenets of ego psychology, but a certain flexibility on the part of the New York analysts would have been required to appreciate his humor and slightly self-denigrating attitude and humility, coupled with the considerable empathy so

characteristic of his approach. It was unfortunate for all involved that a more felicitous meeting between Winnicott and the primarily traditional analysts in attendance at this lecture did not occur.

In concluding, I can do no better than to quote from an unfinished paper that Winnicott originally intended to present to the British Psychoanalytical Society in September 1968, titled "Roots of Aggression." There he writes:

> In our Society here, although we serve science, we need to make an effort every time we attempt to reopen matters which seem to have been settled. It is not only the inertia which belongs to the fear of doubt; it is also that we have loyalties. [Winnicott quoted in Abram and Hjulmand 2007, p. 17]

Acknowledgments: The author is indebted to Nellie Thompson, archival director of the New York Psychoanalytic Institute, for making available the transcripts of the New York Psychoanalytic Society and Institute meeting discussed here, including the summary prepared by David Milrod, and for her helpful comments. The author also thanks his colleagues who read earlier drafts of this paper and made valuable suggestions: first and foremost, Jan Abram, as well as Nasir Ilahi, Robert Grayson, and Peter Mezan.

REFERENCES

Abram, J. (2009). Personal communication.

Abram, J. & Hjulmand, K. (2007). *The Language of Winnicott: A Dictionary of Winnicott's Use of Words.* London: Karnac.

Anzieu, C. (2009). Personal communication.

Bion, W. R. (1962). The psycho-analytic study of thinking. *Int. J. Psychoanal.,* 43:306-310.

Caldwell, L. (2007). *Winnicott and the psychoanalytic tradition.* London: Karnac.

Fine, B. D. (1964). Some aspects of psychoanalytic methodology. *J. Amer. Psychoanal. Assn.,* 12:610-619.

Freud, A. (1937). *The Ego and the Mechanisms of Defence.* London: Hogarth.

Freud, S. (1915). Instincts and their vicissitudes. *S. E.,* 14.

Fulgencio, L. (2007). Winnicott's rejection of the basic concepts of Freud's metapsychology. *Int. J. Psychoanal.,* 88:443-463.

Geleerd, E. (1963). Evaluation of Melanie Klein's "Narrative of a Child Analysis." *Int. J. Psychoanal.,* 44:493-506.

Green, A. (1975). The analyst, symbolization and absence in the analytic setting. *Int. J. Psychoanal.,* 56:1-22.

Hartmann, H. (1950). Comments on the psychoanalytic theory of the ego. *Psychoanal. Study Child,* 5:74-96.

Isaacs, S. (1948). The nature and function of phantasy. *Int. J. Psychoanal.,* 29:73-97.

Jacobson, E. (1964). *The Self and the Object World.* Madison, CT: Int. Univ. Press.

Kahr, B. (1996). *D. W. Winnicott: A Biographical Portrait.* London: Karnac.

King, P. H. M. & Steiner, R., eds. (1991). *The Freud-Klein Controversies, 1941-1945.* London/New York: Tavistock.

Nunberg, H. (1931). The synthetic function of the ego. *Int. J. Psychoanal.,* 12:123-140.

Ogden, T. (2001). Reading Winnicott. *Psychoanal. Q.,* 60:299-325.

Posner, B. M., Glickman, R. W., Taylor, E. C., Canfield, J. & Cyr, F. (2001). In search of Winnicott's aggression. *Psychoanal. Study Child,* 56:171-190.

Reed, G. & Baudry, F. (1997). Susan Isaacs and Anna Freud on fantasy. *J. Amer. Psychoanal. Assn.,* 45:465-491.

——— (2005). Conflict, structure and absence: André Green on borderline and narcissistic pathologies. *Psychoanal. Q.,* 74:121-155.

Reeves, C. (2007). The mantle of Freud: was "The Use of an Object" Winnicott's *todestrieb? Brit. J. Psychother.,* 23:365-382.

Ritvo, S. (1962). Report on panel on object relations. *J. Amer. Psychoanal. Assn.,* 10:102-118.

Rodman, F. (1987). *The Spontaneous Gesture: Selected Letters of D. W. Winnicott.* Cambridge, MA/London: Harvard Univ. Press.

Rousillon, R. (1997). La fonction symbolisante de l'objet. *Revue Française de Psychanalyse,* 61:399-413.

Samuels, L. (2001). The paradox of destruction and survival in D. W. Winnicott's "The Use of the Object." *Fort Da,* 7:38-53.

Stone, L. (1950). The widening scope of indications for psychoanalysis. *J. Amer. Psychoanal. Assn.,* 2:561-594.

Thompson, N. (2008). A measure of agreement: an exploration of the relationship of D. W. Winnicott and Phyllis Greenacre. *Psychoanal. Q.,* 77:251-281.

——— (2009). Personal communication.

Waelder, R. (1930). The principle of multiple function: observations on overdetermination. In *Psychoanalysis: Observation, Theory, Application,* ed. S. A. Guttman. New York: Int. Univ. Press, 1976, pp. 68-83.

Winnicott, D. W. (1941). The observation of infants in a set situation. *Int. J. Psychoanal.,* 22:229-249.

——— (1945). Primitive emotional development. *Int. J. Psychoanal.,* 26:137-143.

——— (1953). Transitional objects and transitional phenomena—a study of the first not-me possession. *Int. J. Psychoanal.,* 34:89-97.

——— (1962). Ego integration in child development. In *The Maturational Processes and the Facilitating Environment.* London: Hogarth, 1965, pp. 56-63.

——— (1965). *The Maturational Processes and the Facilitating Environment.* London: Hogarth.

——— (1968a). The use of an object. Paper presented at the New York Psychoanalytic Institute, November.

——— (1968b). Comments on my paper "The Use of an Object." In *Psychoanalytic Explorations,* ed. D. W. Winnicott, C. Winnicott, R. Shepherd & M. Davis. Cambridge, MA: Harvard Univ. Press, 1989, pp. 238-240.

——— (1969a). The use of an object. *Int. J. Psychoanal.,* 50:711-716.

——— (1969b). The use of an object in the context of *Moses and Monotheism.* In *Psychoanalytic Explorations,* ed. D. W. Winnicott, C. Winnicott, R. Shepherd & M. Davis. Cambridge, MA: Harvard Univ. Press, 1989, pp. 240-246.

Winnicott, D. W., Winnicott, C., Shepherd, R. & Davis, M., eds. (1989). *Psychoanalytic Explorations.* Cambridge, MA: Harvard Univ. Press.

———

1160 Fifth Avenue (111)
New York, NY 10029

e-mail: Fdbaud@aol.com

Volume LXXVIII, Number 4

DRAWING ON PSYCHOANALYTIC PEDAGOGY: THE INFLUENCE OF AUGUST AICHHORN ON THE PSYCHOTHERAPY OF ADOLESCENTS

BY FLORIAN HOUSSIER AND FRANÇOIS MARTY

The authors locate August Aichhorn's pioneering ideas about the psychodynamics and psychotherapy of adolescents in the context of psychoanalytic pedagogy in Europe in the 1920s and '30s. Strongly influenced by Freud's discoveries and theory, Aichhorn was himself a major influence on the work of Anna Freud and of many other child and adolescent psychoanalytic theoreticians, including Spitz, Mahler, Eissler, Erikson, and Blos. His technique drew heavily on the element of surprise and on the adolescent patient's identification with the analyst, as well as on the use of humor and empathy in treatment. The authors utilize brief vignettes from Aichhorn's descriptions of his practice to illustrate his unique clinical style.

Keywords: August Aichhorn, adolescent psychotherapy, child and adolescent psychoanalysis, history of analysis, psychoanalytic pedagogy, delinquency, identification, transference.

Florian Houssier is a psychologist and psychoanalyst who is a member of the International College of Adolescence and Master of Conferences at the Laboratory of Clinical Psychology and Psychopathology (EA 4056), Paris Descartes University.

François Marty is a psychologist and psychoanalyst who is the Director of the International College of Adolescence and the Director of the Laboratory of Clinical Psychology and Psychopathology (EA 4056), as well as the Director of the Institute of Psychology, at Paris Descartes University.

Translation by Zoé Andreyev.

INTRODUCTION

August Aichhorn's work with young delinquents has been praised by many major psychoanalysts, from Sigmund Freud himself to Jean Laplanche, Donald Winnicott, and Jacques Lacan. Though some have said that he was essentially a clinical genius rather than a theoretician (A. Freud 1951), one could argue that all clinical practice is based on theory, if only implicitly. In this case, a great deal remains open to theoretical exploration, as shown by the striking topicality of the issues raised by Aichhorn and the recurrence of questions concerning the behavioral disorders of children and adolescents. Aichhorn's psychotherapeutic method relied on intuition and risk-taking, on the here-and-now assessment of a situation, thanks to a practice based on openness and the rejection of all forms of therapeutic ideology or orthodoxy, be they psychoanalytic or educational. The context in which this method is applied, in educational institutions and in family consultations, also underscores the fact that these disorders, linked to deprivation and delinquency, are among the most difficult to handle.

Aichhorn's innovative approach seems to have indeed opened a "royal road." Standing up in defense of young delinquents, he criticized those who stigmatized them as the cause of society's ills and institutional problems. Today, in the field of social work, few institutions can withstand the attacks of troubled adolescents over the long term without losing control or demanding that the trouble-seekers be expelled. Social workers and psychoanalysts face the challenge of caring for these adolescents and tolerating their destructiveness. Aichhorn's art lay precisely in his ability to turn this confusion into clinical material, translate the distress lurking beneath transgressive behavior into a call for help, and create the possibility for dialogue through dramatized exchanges with the adolescent patient (Aichhorn 1925).

Aichhorn's work played a decisive role in the construction of a theoretical and clinical framework for establishing contact with and treating adolescents (Eissler 1949). First and foremost, he had a considerable influence on Anna Freud, to whom he was initially introduced by Wilhelm Hoffer. In fact, as Young-Bruehl (1988) notes:

> Anna Freud's [first] education about the Viennese social services system came from Aichhorn. [Anna wrote to Lou Andreas-Salomé in 1924 that Aichhorn] ". . . drags me . . . to all the most remote regions of the city and shows me institutions and welfare arrangements and we meet the people involved in them." [pp. 100-101]

Anna is also known to have referred adolescent patients to Aichhorn (Young-Bruehl 1988, p. 179). Furthermore, he was a strong influence on many other key figures in child and adolescent psychoanalysis; for example, Mahler has been described as "Aichhorn's protégée," and Spitz's research was influenced by "Aichhorn's work with children who had suffered early deprivations" (Young-Bruehl, p. 366). Blos (1962) and Erikson (1968, 1974) were both supervised by Aichhorn at the Hietzing School in Vienna; this was a private school for young adolescents directed by Anna Freud, Dorothy Burlingham, Eva Rosenfeld, and later by Aichhorn himself (Houssier, in press, a). Eissler (1949) may be considered Aichhorn's principal follower, having dedicated a collective volume to him on the occasion of his eightieth birthday.

Therefore, Aichhorn can rightly be called a pioneer in this field. But before going any further, we must describe the context in which his practice developed.

PSYCHOANALYTIC PEDAGOGY AND THE BEGINNINGS OF CHILD PSYCHOANALYSIS

Aichhorn's ideas and practice belong to the psychoanalytic pedagogy movement, which became popular in Europe in the 1920s and '30s. He was its main representative, and he also actively promoted its views by training social workers wishing to be introduced to psychoanalysis.

In the wake of the social and political transformations of these years, pedagogical principles were also undergoing profound change: their new goal was to free the child from the domination of adults. Progressive educational principles focused on the child himself, on understanding what he was experiencing. In "Red Vienna," as the city was called because of its social-democratic governance, the liberalization of mores lay at the heart of emerging youth movements.

This preoccupation stemmed from the view that parents supposedly played a traumatic role in their children's education, in particular regarding sexual education, considered too repressive. At the core of the alliance between pedagogy and psychoanalysis was the idea, supported by Freud himself, that greater freedom in sexual education might possibly prevent neurosis. The position that social reform in the sexual realm could prevent the reemergence of sexual trauma at puberty thus finds its underpinnings in the theory of trauma and deferred action (Nunberg and Federn 1967). For the analyst-pedagogues, psychoanalysis was considered a form of "post-education," and pedagogy a form of therapy (Erikson 1974).

In this alliance between pedagogy and psychoanalysis, a decisive role was played by the third chapter of the *Three Essays on the Theory of Sexuality*—devoted to the transformations of puberty (Freud 1905)—and by the analysis of the case of Little Hans (Freud 1909). A component of Freud's causal theory, these texts form an essential theoretical and clinical basis for the study of the psyche of the child and the adolescent. Various avenues were distinguished for the investigation of adolescent psychology: therapy (Anna Freud), social work (August Aichhorn), and cultural activities (Siegfried Bernfeld). In the early 1920s, Anna Freud invited both Aichhorn and Bernfeld, along with Wilhelm Hoffer, to her home to discuss child and adolescent cases. Already at that time, they adopted a critical stance toward some of Melanie Klein's positions on the subject. Indeed, Sigmund Freud considered that educational factors were essential in child analysis; thus, in a letter to Klein (February 22, 1928), he criticized the idea that child analysis could fail to be concerned with educational measures (Grosskurth 1986).

Although Aichhorn had been an educator before coming to psychoanalysis, and thus the influences on him from within the field were not as great as they might otherwise have been, he was very much influenced by Freud—particularly his writings on the ego and on group psychology—and by his own analyst, Paul Federn. He also exchanged many letters and clinical observations with Hermine von Hug Hellmuth, the first child psychoanalyst. These letters show that he wrote to Hellmuth about his work with disturbed adolescents and seem to indicate that he

may have been a greater influence on her work than she was on his, in our reading.

The emerging collective interest in child psychology fueled a new goal, that of creating institutions for children and adolescents inspired by psychoanalytic thought; toward this end, experiments were conducted at the end of the 1910s by Bernfeld and Aichhorn in the foundation of educational institutions for children and adolescents, and in 1921 by Schmidt with small children.

In his preface to Aichhorn's central work *Wayward Youth* (1925), Freud described the child as having replaced the neurotic as the main object of psychoanalysis. He encouraged others in his circle to become child psychoanalysts, with the aim of observing *in vivo* what he had reconstructed from his analyses of adult patients. However, an obstacle to this goal soon became apparent in the inability of some young patients to overcome their violent drives; indeed, analytic treatment requires mental abilities that seemed to be absent in delinquent subjects. Freud, however, believed in the necessity for reeducation, and this is what Aichhorn set out to accomplish.

SURPRISE AS A FORM OF INTERPRETATION

Aichhorn's practice of analysis was tied to a fact that remains true today: a young delinquent rarely consults an analyst. Nevertheless, a shift in analytic practice was occurring, which generated new ideas in the field of pedagogy. Aichhorn's own brand of it was a form of psychoanalytic therapy; without the couch setting, that retained one of its essential tools: transference and its manipulation, which he implicitly knew was crucial right from the first meeting with a child, and especially with an adolescent. These initial moments were decisive: "the mutual identification attempt" happened within a split second, depending on the mood of the moment when the dissocial youth crossed the threshold of the analyst's office.

Identification with the adolescent helped Aichhorn understand his emotional needs; he used different approaches such as empathy, reassuring explanations of his role (neither as judge nor policeman),

a sense of humor, and the "struggle for influence" (1925). Seduction and shrewdness were used to provoke transference and make the subject temporarily dependent on an adult figure of reference; this emotional dependence was thought to help rekindle the shattered or halted development of infantile identifications, in an anticipation of Laufer and Laufer's (1984) notion of developmental breakdown.

In a lecture he gave on June 21, 1922, for his admission to the Vienna Psychoanalytical Society, Aichhorn told the story of an 18-year-old adolescent known to have already committed several thefts, who was admitted to his institution, "Ober-Hollabrun." After a few months, "as part of [his] plan," Aichhorn put the young man in charge of the tobacco shop. A few weeks later, the cashier realized that 450 crowns were missing. Aichhorn writes: "It seemed to me that I had now the proper occasion of exposing the pupil to shock and emotion so as to bring about catharsis, although I had no idea how to start." He called the young man into his office, and still "in doubt about how to proceed," suggested "that he might help me in dusting my books and putting them in order" (Aichhorn 1964, p. 26). He nevertheless kept his method in mind:

> The "drama" must develop so as to arouse his anxiety and to increase it to the point of unbearable intensity. At the moment when catastrophe would seem unavoidable to him, the crisis should be given such a turn that anxiety would change abruptly into emotional outburst. This sudden contrast in affects would cause an excitation which might bring about, or at least pave the way, for therapy. [p. 26]

Thus, the aim is not to replace psychoanalytic psychotherapy, but to produce psychotherapeutic effects in order to make further psychotherapy possible, or to trigger a "plunge into transference" that can have psychotherapeutic effects in a difficult adolescent.

In the following example, Aichhorn constructs a "dramatic play" with this 18-year-old, gradually bringing up the subject of the tobacco shop. Here is an excerpt from their dialogue:

> "How much money do you take in per week?"
> "Between 700 and 800 crowns.". . .

"Does your cash always come out right?" . . . "When do you sell most of your tobacco?"

"Before noon."

[Then a little later, Aichhorn speaks again, after which he describes the boy's reaction.] "Some day I must drop in and have a look at your cashbox." The boy grew visibly restive, but I pretended to ignore it and went on working with him, rather on him, coming back again and again to the matter of tobacco and cash . . . . When his uneasiness reached the point which I deemed proper for a climax, I put him suddenly before the dreaded decision: "Listen, when we're through with our work here, I'll go and have a look at your cashbox."

[The adolescent then took a book out of the library to dust, and promptly dropped it. At this point, Aichhorn decided to notice his nervousness.] "What's the matter?"

"Nothing . . . ."

"You're short of cash? How much?"

"450 crowns," stammered the young man. Without a word, I handed him over the precise amount . . . . I didn't let him talk . . . . I just sent him away with a friendly nod and an encouraging gesture of the hand. After about ten minutes, he came back, laid the 450 crowns on my desk, and said: "Put me in prison, I don't deserve your help. I'll steal again, I know I will." These words, spoken in a paroxysm of emotion, were drowned in bitter sobbing . . . .

[Aichhorn then invited him to sit down and talk.] The adolescent told me about his dishonesty, his relationship with his family, and everything that burdened him . . . . [Aichhorn gave him the money once again, assuring him that he did not think he would steal again, and that, in any case, the boy was well worth 450 crowns to Aichhorn, and that the boy could pay him back gradually by saving on tobacco.]

From the practical, educational standpoint, the treatment had been successfully completed; indeed, afterwards, during the short time he stayed with us, the youth behaved quite decently. Since then he has been employed as a draftsman in a big furniture factory in Vienna, where he is doing very well. [Aichhorn 1964, pp. 27-28]

When engaging in a relationship with an adolescent, Aichhorn would launch an offensive, a militant alliance aimed at conquering a common

goal; the adolescent was thus given the possibility of transforming his acting-out behavior into an acceptable and achievable goal. In this way, he was shown a way out of the position that had been assigned to him throughout his life, from which he had derived a negative identity (Erikson 1968), and he was given the ability to recover some mobility in his identifications, in the service of the adolescent process.

Aichhorn's standpoint on the role of interpretation is clear: "Interpretations do not help them [adolescents] at all . . . . The wayward youth is only interested in immediate gratification at any price" (Aichhorn quoted by Perner 1993, p. 90; translation by Zoé Andreyev). He investigated and used nonverbal communication; his observation of gestures and attitudes referred back to the fact that motor activity plays a decisive role in the early stages of life, in particular as a way to communicate with the environment. This perceptive approach sustained the incipient relationship, thanks to an initial binding movement, both transferential and representational. So Aichhorn's "interpretations" were not only a matter of words, but also of behavior, eye contact, and intonation, with which he would catch unaware the antisocial youth who was expecting something more predictable, more in line with his infantile experience of relationships. In this clinical context, the art of creating surprise and the unexpected is an essential element of Aichhorn's technique, as important as verbalized interpretations in the analysis of adult neurotics.

Dramatization helps bind affects and representations, providing the adolescent with a wide range of associations; now that he has become the hero of an unfolding drama, everything spills out (Houssier and Marty 2007). Thus, Aichhorn stages an act that makes it possible to link the actual scene with the infantile scene. Thanks to dramatized action, he translates and interprets *in vivo* the impression made on him by the adolescent. The psychodramatization of the transference relationship favors representation through the reemergence of traumatic elements. Instead of trying to neutralize his emotions, Aichhorn intentionally becomes emotionally involved, and the setting itself is used as support for interpretation. In this respect, his approach is close to Ferenczi's "elasticity of technique" and to psychodrama, with the dramatization of affects (Dupeu 2005).

A BREAKTHROUGH: THE NARCISSISTIC TRANSFERENCE

Anna Freud (1951) considered the discovery of narcissistic transference to be Aichhorn's greatest technical contribution to the treatment of difficult patients, in particular that of the delinquent "impostor." The cathartic dimension of his work is reminiscent of attempts to trigger the emotional discharge of "blocked affects," characteristic of practice during the preanalytic period (Breuer and Freud 1895). We can also hypothesize that Aichhorn anticipated the psychoanalytic approach to narcissistic cases later developed in the United States by Kohut, with whom Aichhorn corresponded.

The following example illustrates the reversal into the opposite of a negative transference, thus making possible the treatment of a young "impostor."

A father brought his son for consultation. The young man's expression, Aichhorn observed, was critical and supercilious, showing that he had no use for the procedure. While the father recounted at great length the son's offenses, the latter displayed only growing boredom. Once the father had finished speaking, Aichhorn replied, as if he had ignored the son's presence altogether: "I don't treat cases of swindling. It would be a pity to waste my time and your money; if your son commits no further offense, everything will be all right anyhow; and should he revert to his old tricks, then they'll lock him up and you'll be rid of him."

Turning to the son, he then continued: "Or perhaps you prefer to shoot yourself, if you aren't a coward—that's another way of closing the case." Aichhorn then terminated the interview, to the father's dismay. But Aichhorn knew that he had achieved his aim, that the provocation had worked: the son was showing signs of irritation. On the threshold, he shook hands with the young man, adding: "You'll find no treatment at my clinic, but if you wish to talk with me once more, you may come and see me tomorrow," and gave him an exact time at which to come.

A few moments later, the father returned alone to see Aichhorn and complained bitterly; the latter then explained to him the necessity to

adapt his conduct to the son's attitude. Aichhorn insisted that the father must not in any way influence his son's decision to return or not.

"The next day, at the appointed hour, the young man came to my office in quite a different mood—much less tense, more open to argument, and full of expectation: the transference had begun to work" (Aichhorn 1964, p. 191).

According to Thomas Aichhorn (2006), August Aichhorn offered himself to the adolescent as an ideal reflection, enabling the latter to renounce the immediate gratification of his desires. The adolescent would then turn toward the narcissistic gratification stemming from his desire to match his ego ideal, embodied by Aichhorn. For the latter, this process could be compared to the state of being in love. The adult object of this idealizing transference then becomes a source of "emotional nurturing," thanks in particular to the introduction of tender feelings. With this type of delinquent adolescent, who cannot be treated according to usual psychotherapeutic techniques, Aichhorn does not aim to embody an object belonging to the external world, but rather a "glorified replica of his own delinquent ego and ego ideal" (Aichhorn quoted in Bydlowski 1974, p. 97; translation by Zoé Andreyev). The chosen object, thus internalized or even introjected through incorporation, becomes a narcissistic, glorious object; but in order to obtain satisfaction from it, the adolescent must submit to it, in the same way that a child can accept punishment thanks to his tender feelings for the father figure.

For Aichhorn, adolescent acting out should be considered not as an enemy to be fought against, but as a key symptom. For this reason, he advocated a form of therapy based on the verbalization of affects and the mobilization of narcissistic transference. Action thus gradually becomes a regressive outlet for reminiscence, which can then be played out and changed; just as the impulse triggering a dream is played out in the oneiric visual scene, here the affects, instead of images, serve as conduction toward representation cathexis.

To achieve this aim, Aichhorn used the surprise factor, manipulating paradox to break the certainty of transferential repetition, according to the punished-child model (Freud 1916) or the beaten-child model (Freud 1919b). During adolescence, there is a risk of regressive fixation on this type of sadomasochistic relationship. Following up on these

observations, in defining children's responses to early deprivation, Aichhorn spoke of a "clinging" drive: he considered these children to be abandoned not only externally by their environment, but also internally, within themselves (Aichhorn, unpublished; see also Houssier 2003).

The use of surprise thus made it possible to work in an intermediary realm. Aichhorn would resort to the "playing" potential of his relationship with the patient (as opposed to a game with rules) (Winnicott 1971), in order to seek out the point of emotional connection that would trigger the development of transference. He walked an emotional tightrope, not knowing where it would take him. True, we are missing the story of his "failures"—examples that would have subjected his practice to dialectical analysis, thus allowing his approach to earn greater "scientific" value as a theory. At the same time, his intuitive tactic is precisely what allows a hypothetical-deductive reading of his work, since his clinical experience elicits echoes of the reader's own experience with its vivid reminders of one's own countertransference emotions.

PROVOKING TRANSFERENCE AND AWAITING IDENTIFICATION

Aichhorn's work was based on the most important aspect of psychoanalytic practice, transference, but he used it in a different way: he did not work *on* transference, but *with* transference. He also met his youthful patients' need for authority, underscored by Freud (1910), and was aware of playing the role of substitute father, adopting a stance that was both authoritarian and anti-authoritarian. His approach was based on the implicit hypothesis that the adolescent is "awaiting identification." His first meeting with an adolescent, during which his aim was to provoke almost immediate affects, could thus be compared to an instance of "love at first sight." The adolescent's anxiety is linked to the indetermination and absence of the object (to be cathected or identified with) and to the state of awaiting that object. The affect, being bound to the drive, finds its source in the youth's relationship with his first love objects; as Freud (1932) pointed out, affect is the crystallization of reminiscence, while at the same time it is a psychic event tied to a movement awaiting form (Green 1985). Just as in a game of poker, each player lays down on the

table what he has in hand at that moment—his affects—while the related representations are being elaborated. If, as Freud (1895) maintained, thinking is trial acting, the statement can also be reversed: trial acting is thinking.

Provoking transference activates projection and displacement, with the underlying search for an object to satisfy the frustrated libido; more specifically, the resultant free-floating affect reflects the neurotic aspects of the patient's psyche. The neurotic's "constant search for objects with whom he can identify, to whom he can transfer feelings" (Ferenczi 1909, pp. 40-41) is similar to the adolescent's: the adolescent must introject—that is, draw inside himself—the objects that are within his sphere of interest. Love and hate are displaced onto the objects that provoke these affects.

The combination of intimidation (through authority) and tenderness (due to the absence of punishment and retaliation) opens the way for suggestion and obedience. What we have here is also a transference of omnipotence: through identification, the adolescent attributes to himself the omnipotence he has transferred onto his therapist.

Aichhorn brings these identifications into play through dramatization, sometimes quite playfully, which enables him to replace affects within a transferential relationship. Role playing, which sometimes may seem akin to manipulation, corresponds nevertheless to what Aichhorn feels has been missing for these adolescents: an area of make-believe, of shared dreams, backed by a maternal presence. This hypothesis has been productive for understanding the sources of delinquency.

The glorious object represented by Aichhorn becomes a model of attraction for the adolescent; his capacity for cathexis and sublimation is remobilized. Once the youth has chosen his model, he can evolve toward object love by giving satisfaction to the object through the internalization of his values.

MAKING CONTACT WITH THE ADOLESCENT

Historically, delinquency has always been one of the principal ways of access to understanding the adolescent process (Houssier 2007). When in 1958, Anna Freud launched a "historical appeal" to psychoanalysts

to develop research on adolescence, she observed that existing studies on the subject were insufficient. Indeed, at that time, few analysts had had the experience of treating adolescents over a long period of time. Among the obstacles encountered by early analysts was the idea that the mobilization of defense mechanisms characteristic of adolescence was contradictory to one of the aims of psychoanalysis, which is to ease the rigidity of defense mechanisms (Fraiberg 1955). Another barrier was the idea that one cannot make contact with adolescents (Gitelson 1948). These views were frequently expressed in the works of specialists on adolescence (Houssier, in press, b), as an aftermath of Freud's therapeutic failure with Dora.

Aichhorn's practice was founded on the idea that transference is not specific to the analytic setting, even though the latter intensifies it. He realized the massive nature of adolescents' transference and anticipated one of its characteristics: the need to transform preexisting hostile transference—intense negative feelings toward adults—into positive transference. Aichhorn was famous for his ability to establish a relationship with even the most unwilling of adolescents—the main stumbling block of analysts who strictly apply the Freudian technique developed for the treatment of neurotic adults (A. Freud 1958).

In this context, Aichhorn's discoveries were gradually accounted for in the theoretical and clinical debates on the psychotherapy of adolescents. Thus, according to Geleerd (1957), the relationship with the analyst plays an important role for the adolescent, whereas adults must usually deal with the imaginary impact of transference. With adolescents, the analyst must be his own person, and this personal contact helps the adolescent improve his relation to reality. The analyst thus presents himself—for the purposes of representation—as an open human being, understanding of the problems of adolescence, not mysterious, and encouraging confidence (Fraiberg 1955).

Today, for some authors, adolescents' tendency to act out by breaking off relationships, which was previously considered an obstacle to treatment, is understood in an alternative way. Acting-out behavior during the treatment, with the technical problems it poses, reflects the adolescent's tendency to express his conflicts through action, as shown in the examples of transgressive behavior given by Aichhorn. Acting out within the framework of psychotherapy can be seen as giving a particular

dynamism to the transference relationship (Godfrind-Haber and Haber 2002). The same is true for psychotherapeutic practice: relinquishing neutrality—but, most important, analyzing countertransference movements triggered by adolescents—is crucial to gaining an understanding of how they function. The negative view of treating adolescents can thus be turned into a dynamic position, based on identification with the adolescent's experience, an approach that Aichhorn was the first to explore. The focus then shifts from the adolescent's (bad) behavior to a questioning of the analyst's own position. The success of the encounter between adolescent and therapist is not so much due to the analyst's technical abilities as to his ability to identify with the adolescent, thanks to his own internal freedom and sense of security (Kestenberg 1999).

DIALOGUE AND INSIGHT: A SPECIFIC STYLE OF PSYCHOTHERAPY

The importance given to the environment is central to the psychotherapeutic treatment of adolescents: the adolescent's link with the outside world is considered to be a reflection of his inner world. Mâle (1964) thus believed that with adolescents, speaking of the outside meant working on the inside. What the adolescent says is no longer deemed banal, but is to be considered as clinical material, to be worked through with the therapist. The object relation is modified as a result; with adolescents, neutrality and passivity cannot sustain the transference relationship. Discussion and exchanges centered on the adolescent's present difficulties, in the absence of an attempt to understand infantile conflicts (Gutton 2000), are techniques that Aichhorn anticipated in his recommendations for authentic and rather close contact, no interpretations, and opening the possibility of a modulating distance as the relationship develops. The underlying aim is not only the co-creation of a positive transference relationship. Priority has shifted from working on representations to achieving a more "dialogic" style, emphasizing affects as an avenue leading to representation.

According to Richard (2002, p. 123), this "dialogic style" enables the adolescent to recognize the therapist's supporting parental function. Adolescents and their families need a flexible setting, to be used as a pedagogical instrument, making it possible to discuss each person's role

in the current conflict. Overall, the psychotherapist's position aims to establish the primacy of the paternal function (Gutton 2000, p. 158) at a time when the superego is weakened. Withdrawal of the libido from parental figures goes along with a weakening of the libido tied to the cathexis of parental prohibitions. By encouraging the adolescent's own elaboration instead of interpreting, one ensures that the therapeutic relationship will not be disturbed by the analyst's interpretations, which can potentially be experienced as reflecting the analyst's wish to control the patient.

Through narrative, the adolescent can gradually represent his experience. These exchanges favor the development of a "relationship culture" (Parat 1995, p. 185). Identification with the analyst thus serves as a protective shield against the traumatic elements brought up during adolescence. Psychic pain can be represented and contained as a soothing counterpoint to the loss of a maternal, protective shield.

Moments of shared emotion are also specific to Aichhorn's clinical work. These valuable shared experiences strengthen the patient's sense of being, and provide narcissistic support for patients with a fragile sense of existence.

CONCLUSION

Freud himself (1919a) was in favor of modifying the analytic setting in some cases: he wrote that for most patients, the psychoanalyst must sometimes provide educational help, such as advice, and even hypnotic suggestion. His belief was that the psychoanalytic technique alone could not adequately treat all the different cases raised by different clinical situations, though he did hope that other forms of treatment would converge with its goals (Freud 1925). Aichhorn's practice is indeed representative of the combination of alliances enabling modifications in the setting, modifications that are now a reference point for contemporary developments in psychotherapy (Brusset 2002).

During adolescence, the libido tied to the first love objects is redirected toward the ego, causing a transitory stasis of narcissistic libido; only after this stage is completed can other, non-incestuous objects gradually be recathected (Freud 1905). Today, the failure of this process serves to explain borderline cases, considered by some to be the new

paradigm of psychoanalytic clinical practice (Green 1990). Indeed, like borderline patients, adolescents compel us to reverse our perspective: psychoanalysis becomes an instrument of thought at the service of the patient and his problem, and not a model based on the treatment of adult neurotic patients to be applied in a systematic manner. For these patients, the goal of therapy is not so much the lifting of repression as the consolidation of the ego and its boundaries by addressing their damaged narcissistic envelope.

From this perspective, interpretation, as a tool or even as a goal, becomes secondary, the primary goal being the establishment of an object relation marked by empathy, and favoring idealization and intersubjective mirroring effects (Kohut 1984). This position nevertheless carries the underlying risk of pushing the resolution of psychic conflict into the background. However, thanks to its dual perspective—the elaboration of a specific therapeutic technique and an understanding of the language of action (Houssier 2008)—Aichhorn's work on delinquency represents the starting point of a theorization of adolescence.

Aichhorn's work was most influential in the United States, as well as in Switzerland and the German-speaking countries. Though the reasons for this remain unclear, they may be linked to the fact that these countries have encouraged scientific interest in educational questions. The progressive education movement in Switzerland, an interest in educational writing in the United States, and the desire on the part of public authorities to find alternative solutions to counter the rise of delinquency in Europe, prepared the ground for Aichhorn's work. Nevertheless, despite the support he received from Freud, his influence has remained limited in some areas, including in France; indeed, he has been relegated to an intermediary realm in French psychoanalysis: neither psychoanalyst nor pedagogue, whereas—needless to say—he functioned effectively in both these roles.

REFERENCES

Aichhorn, A. (1925). *Wayward Youth.* New York: Viking, 1935.

——— (1964). *Delinquency and Child Guidance: Selected Papers,* ed. O. Fleischmann, P. Kramer & H. Ross. New York: Int. Univ. Press.

——— (unpublished). Letter to A. Freud, October 29, 1947. T. Aichhorn Archives, Vienna.

Aichhorn, T. (2006). Abandonment: tenderness, transference and libido: an example of A. Aichhorn's work. Lecture given at the Colloquium "Adolescence and Education," organized by the Collège International de l'Adolescence (CILA) and the Clinical Psychology and Psychopathology Laboratory of the University of Paris-Descartes, December.

Blos, P. (1962). *On Adolescence: A Psychoanalytic Interpretation.* New York: Free Press.

Breuer, J. & Freud, S. (1895). *Studies on Hysteria. S. E.,* 2.

Brusset, B. (2002). L'or et le cuivre. In *Le travail du psychanalyste en psychothérapie,* ed. F. Richard. Paris: Dunod, pp. 35-70.

Bydlowski, R. (1974). A propos d'August Aichhorn. Entre l'éducation et la psychanalyse: une application à la délinquance. *Topique,* 14:87-108.

Dupeu, J.-M. (2005). *L'intérêt du psychodrame analytique.* Paris: Presses Universitaires de France.

Eissler, K., ed. (1949). *Searchlights on Delinquency.* New York: Int. Univ. Press.

Erikson, E. (1968). *Identity, Youth, and Crisis.* New York: Norton.

——— (1974). Reminiscences. *Psychosocial Process,* 3(2):4-8.

Ferenczi, S. (1909). Introjection and Transference. In *First Contributions to Psychoanalysis.* New York: Brunner/Mazel, pp. 35-93.

Fraiberg, S. (1955). Some considerations in the introduction to therapy in puberty. *Psychoanal. Study Child,* 10:264-286.

Freud, A. (1951). Obituary: August Aichhorn, July 27, 1878–October 17, 1949. *Int. J. Psychoanal.,* 32:51-56.

——— (1958). Adolescence. *Psychoanal. Study Child,* 13:255-278.

Freud, S. (1895). Project for a scientific psychology. *S. E.,* 1.

——— (1905). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1909). Analysis of a phobia in a five-year-old boy ("Little Hans"). *S. E.,* 10.

——— (1910). The future prospects of psycho-analytic therapy. *S. E.,* 11.

——— (1916). Some character types met with in psycho-analytical work. *S. E.,* 14.

——— (1919a). Lines of advance in psycho-analytic therapy. *S. E.,* 17.

——— (1919b). A child is being beaten. *S. E.,* 17.

——— (1925). Preface to Aichhorn's *Wayward Youth. S. E.,* 19.

——— (1932). *New Introductory Lectures on Psycho-Analysis. S. E.,* 22.

Geleerd, E. R. (1957). Some aspects of psychoanalytic technique in adolescence. *Psychoanal. Study Child,* 12:263-282.

Gitelson, M. (1948). Character synthesis: the psychotherapeutic problem in adolescence. *Amer. J. Orthopsychiatry,* 18:422-431.

Godfrind-Haber, J. & Haber, M. (2002). L'expérience agie partagée. *Revue Française de Psychanalyse,* 66:1417-1460.

Green, A. (1985). Réflexions libres sur la représentation de l'affect. *Revue Française de Psychanalyse,* 49:773-788.

——— (1990). *La folie privée.* Paris: Gallimard.

Grosskurth, P. (1986). *Melanie Klein: Her World and Her Work.* New York: Alfred A. Knopf.

GUTTON, P. (2000). *Psychothérapie et adolescence.* Paris: Presses Universitaires de France.

HOUSSIER, F. (2003). L'adolescent, un sujet récalcitrant dans l'histoire de la pratique psychanalytique: l'originalité de l'approche d'A. Aichhorn. *Dialogue,* 162:35-45.

——— (2007). La puberté psychique: premières esquisses. In *Le tourment adolescent,* ed. P. Givre & A. Tassel. Paris: Presses Universitaires de France, pp. 53-81.

——— (2008). Transgression et recours à l'acte à l'adolescence: une forme agie d'appel à l'objet. *Annales Médico-Psychologiques.* 166(9):711-716.

——— (in press, a). *Anna Freud et son école. Créativité et controverses.* Paris: Campagne-Première Editions.

——— (in press, b). L'adolescence dans le courant annafreudien de l'après-guerre (1945–1965): de la délinquance à la psychothérapie. In *Le tourment adolescent, Vol. II,* ed. P. Givre, A. Tassel A. Paris: Presses Universitaires de France.

HOUSSIER, F. & MARTY, F. (2007). *August Aichhorn: cliniques de la délinquance.* Nîmes, France: Champ Social Editions.

KESTENBERG, E. (1999). *L'adolescence à vif.* Paris: Presses Universitaires de France.

KOHUT, H. (1984). *How Does Analysis Cure?* Chicago, IL: Univ. of Chicago Press.

LAUFER, M. & LAUFER, E. (1984). *Adolescence and Developmental Breakdown: A Psychoanalytic View.* New Haven, CT/London: Yale Univ. Press.

MÂLE, P. (1964). *Psychothérapie de l'adolescent.* Paris: Payot.

NUNBERG, H. & FEDERN, E., eds. (1967). *Minutes of the Vienna Psychoanalytic Society, Vol. II: 1908–1910.* New York: Int. Univ. Press.

PARAT, C. (1995). *L'affect partagé.* Paris: Presses Universitaires de France.

PERNER, A. (1993). Man muss für die Jugendlichen interessant sein. Ein Interview mit Peter Blos über August Aichhorn. *Arbeitshefte Kinderpsychoanalyse,* 17:89-95.

RICHARD, F. (2002). Le travail du psychanalyste en psychothérapie. In *Le travail du psychanalyste en psychothérapie,* ed. F. Richard. Paris: Dunod, pp. 93-140.

WINNICOTT, D. W. (1971). *Playing and Reality.* London: Tavistock.

YOUNG-BRUEHL, E. (1988). *Anna Freud: A Biography.* New Haven, CT/London: Yale Univ. Press.

Florian Houssier
76, rue des Plantes
75014 Paris, France

e-mail: florian.houssier@noos.fr

François Marty
57, rue Vergniaud
75014 Paris, France

e-mail: fmarty2004@yahoo.fr

Volume LXXVIII, Number 4

ENDURING RELEVANCE: AN INTRODUCTION TO THE CLINICAL CONTRIBUTIONS OF K. R. EISSLER

BY EMANUEL E. GARCIA

The author offers a personal selection and discussion of papers that epitomize the enduring relevance of K. R. Eissler's contributions to psychoanalytic therapy. The innovations of technique embodied by these works (on parameters, schizophrenia, adolescence, cure, fees, and the treatment of the dying patient) reveal a therapeutic approach that is a natural extension of psychoanalytic science: patient-centered, maximally comprehensive, and appropriately flexible.

Keywords: Eissler, schizophrenia, adolescence, fees, death and dying, cure, parameters.

PREAMBLE

It is a daunting privilege to address the clinical contributions of Kurt Robert Eissler. Over the fifteen years of my personal acquaintance with him, I had occasion to peruse and criticize his manuscripts, to collaborate in the establishment of a foundation seeking to assist the scholarly publication of Freud's letters, to send him patients for second opinion, and in general to explore ceaselessly the ever-fascinating realm of psychoanalytic science with a capacious mind that gave evidence of astounding

---

Emanuel E. Garcia is a psychoanalyst and psychiatrist who is currently practicing in New Zealand.

This paper was originally composed for a special issue devoted to K. R. Eissler of *Luzifer-Amor: Zeitschrift zur Geschichte der Psychoanalyse*, where it appeared in Vol. 20 (40), pp. 91-107 (2007). The title in German was *Bleibende Relevanz: Eine Einführung in die klinischen Beiträge von K. R. Eissler.*

breadth. I helped organize two conferences in which Eissler participated as a speaker, and was thus granted the keen delight of seeing and hearing public scholarship at its best: Eissler in his eighties spoke at great length entirely without notes, and led his spellbound audiences into complex areas with clarity, humor, and cogency.

After his death in 1999, I was appointed administrator of Eissler's literary estate, and I joined his long-time editor and friend, Michael Meyer of New York, in preparing *Freud and the Seduction Theory: A Brief Love Affair* (2001) for posthumous publication. Eissler had labored over the manuscript for a decade, and the effort showed: it is a brilliant culmination of his work on the psychology of genius and the history of psychoanalysis. But unlike other authors' sensational and dishonest assaults on Freud that appeared in the mid-1980s, Eissler's book did not reach the bestseller lists; then again, works of serious scholarship rarely do.

During my formal training in psychoanalysis in the United States, only one clinical paper of Eissler's was required reading, namely, that which introduced the term *parameters* into psychoanalytic clinical parlance. Despite the fact that this coinage appears trippingly on the tongue at many clinical discussions, that paper itself is rather poorly apprehended. Eissler quipped that, had it not been for his linguistic legerdemain in concocting the label, the essay would have been neglected. And in this little joke, there is of course a greater truth: because Eissler refused to practice reductionism or simplistic schematization, because he refused to overemphasize one single element or innovation in therapeutic technique at the expense of others, the significance of his clinical contribution has not been fully appreciated. I encourage the reader to take the time to explore Eissler's therapeutic papers in leisurely contemplation, for they yield a rich harvest, and no summary can do them justice.

Out of this embarrassment of riches, I would single out several for inclusion in the core curriculum of any psychoanalytic training institution. Eissler's papers on fees (1974), parameters (1953), cure (1963), the psychoanalysis of schizophrenia (1951), and the treatment of adolescents (1958b), and the marvelous case reports on his therapeutic work with three dying patients (1955), deserve to be engaged, confronted,

and thoroughly discussed by practitioners, for they remain powerfully relevant.

Permit me, therefore, to introduce these selected works not by offering an ostensibly systematic or comprehensive assessment or summary—but instead by calling attention (somewhat idiosyncratically) to elements I have found in my own clinical practice to be especially useful, enlightening, and alive.

PARAMETERS

It is only fitting to begin a discussion of Eissler's particular accomplishments with his justly renowned paper on parameters, "The Effect of the Structure of the Ego on Psychoanalytic Technique" (1953). This paper represents the equivalent of a thought experiment, wherein the delineation of an ideal allows for a sharp clarification of the nature of therapeutic intervention. By eliminating, for heuristic purposes, any disturbing influences that arise from either the life circumstances of the patient or the personality of the analyst, Eissler can direct attention exclusively to the demands of the patient's ego structure, whose contours may be limned by the nature of the departures from classical technique that are inevitably required during treatment.

A parameter is defined as

> . . . the deviation, both quantitative and qualitative, from the basic model technique, that is to say, from *a technique which requires interpretation as the exclusive tool*. In the basic model technique the parameter is, of course, zero throughout the whole treatment. We therefore would say that the parameter of the technique necessary for the treatment of a phobia is zero in the initial phases as well as in the concluding phases; but to the extent that interpretation is replaced by advice or command in the middle phase, there is a parameter which may, as in the instance cited here, be considerable, though temporary. [Eissler 1953, p. 109, italics added]

The author establishes four criteria for parameters to fulfill in order for a treatment to remain essentially psychoanalytic: (1) the introduction of a parameter only when *absolutely necessary*, i.e., when what he

terms the "basic model technique" is not adequate, (2) minimal use of the parameter, (3) elimination of the parameter before the final phase of treatment, and (4) a temporary effect on transference that can be abolished by interpretation. To provide an illustrative example, he discusses the treatment of phobia:

> The justification of introducing a parameter into the treatment of phobia is based exclusively on clinical observation. Early experience demonstrated that the basic model technique had led to a stalemate. It became clear to Freud that if phobias were to be treated at all by psychoanalysis, he had to deviate from the basic technical position; namely, not to impose advice or command on a patient after treatment has started. The parameter which he introduced was the minimum, without which no progress could be made. The great advantage of this parameter was that it needed to be used for only a short time, that once it had proved its usefulness it could be dispensed with, and the treatment could proceed with the basic model technique. [p. 109]

Eissler's discussions encompass the particular challenges posed by the various forms of schizophrenia, delinquency, secondary resistances, the concept of normality, the psychology of the question, the proper use of interpretation, and, of course, by the dangers inherent in the application of parameters. It is refreshing to see that in the analyses of neurosis, Eissler describes transference not as a tool of therapy, but as "a source of energy which if properly used leads to recovery through the application of interpretation" (pp. 107-108).

Taking Eissler's ideas to heart allows us to see *maximum therapeutic flexibility* embedded in the psychoanalytic perspective. This flexibility, however, is not to be confused with "wild" approaches; it is instead based upon evidence presented by the patient's personality and symptomatology. Even treatments that are of necessity non-interpretive and almost entirely "parametrical" derive from the most informed psychoanalytic understanding possible. Eissler's *basic model technique,* therefore, by definition relying exclusively on interpretation, remains an idealized fulcrum about which all other therapeutic interventions may be organized. In addition, the ideal therapeutic stance is one that is invariably and completely *patient centered.*

Furthermore, this paper's methodology, in its controlled and deliberate elimination of variables, points the way toward a considerably more refined and objective means of addressing therapeutic technique—a far-reaching contribution in its own right, one whose value cannot be overestimated, even if its potentialities are far from being realized.

THE "PSYCHOANALYSIS" OF SCHIZOPHRENIA

For those of us who work or have worked in inpatient psychiatry settings, or who treat patients suffering from psychotic disorders of any ilk, the informed demarcation of the acute psychotic state from the enduring illness, as delineated by Eissler in "Remarks on the Psycho-Analysis of Schizophrenia" (1951), is especially cogent.

Now, to be sure, it is very probable that some of the patients Eissler discusses suffered from what we now call schizoaffective or bipolar illnesses, or perhaps even major depression with psychotic features. But such modern diagnostic niceties pale in comparison to the general point that, in the acute phase of schizophrenia—or of any psychotic illness, for that matter—"there is probably no specific technique . . . if the disappearance of symptoms interfering with the patient's social behaviour is made the main therapeutic goal of treatment" (p. 140). The viability of a general therapeutic technique can only be determined by its effect on the subsequent phase of "clinical muteness"; this is the true testing ground for any enduring therapy.

It is particularly fascinating to read of Eissler's own experiments with technique for the acute phase and to learn that many of his patients responded favorably "if approached in the way one approaches works of art from which one expects artistic exaltation" (p. 141). Equally fascinating and of particular relevance is Eissler's empathic understanding of what lies at the core of so many presentations of psychosis, namely, the conviction that the world is aggressive, threatening, and hostile. In approaching such patients in the throes of psychosis, therefore, the clinician must not only be aware of such a state, but would also do well to eliminate—as Eissler attempted to do—any manifestation of potential aggression or hostility, whether in speech or gesture, as much as pos-

sible. During moments of particular difficulty and frustration, mindfulness of the patient's horrifying psychotic *weltanschauung* serves to restore the therapist's equilibrium and allows him to proceed in a way that can heal.

Furthermore, Eissler discusses the need for the therapist to speak a language the patient can understand; indeed, one may venture to describe the lion's share of *any* therapeutic quest as an attempt to decode and learn a foreign tongue (see Eissler 1958a, p. 224, on the language of interpretation).

He tenders two criteria by which one may determine clinical success in the treatment of schizophrenia, namely, the extent to which the patient has achieved insight into the experiences of the acute phase, and the attainment of a personality consistently capable of full feeling—not to be confused with automaton-like states masked by relatively "normal" behavior. Compared to these criteria, the benchmarks currently employed in psychiatric practice, informed by elaborate checklists and questionnaires and the parsing of behavioral activities, assess little of value to the intrinsic life of the patient.

It would be a disservice not to quote Eissler's wry and informative conclusion about the features of the therapist who is most successful in the treatment of the acute phase of psychosis:

> He should believe in his own omnipotence; therapeutic failure must be unacceptable to him; the patient's recovery must be of high emotional importance to him; the whole gamut of emotionality must be at his quick command; the activation of psychic manifestations close to the primary processes must be uninhibited; he must be endowed for dramatization; time spent on the patient must not count; the gravity of the situation must challenge him and the possibility of failure must mean to him the imminence of a traumatic, therapeutic defeat. Then the patient will feel that he has been placed in the centre of the therapist's life . . . . I feel quite sceptical about the miracles which are reported in the Gospels. But I am convinced that the Saviour cured schizophrenics in the acute phase. Like most psychiatric reports the Gospels also omit the tidings of the second phase. Nevertheless, the more the therapist can evoke in the patient a modern approximation to the Christ image, the greater will be his therapeutic chances. [1951, p. 155]

During my own training, I came into contact with several such charismatic therapists, highly successful in leading patients out of an acute psychotic phase. Invariably, treatment during the subsequent phase was not nearly as efficacious, and it seemed to me that the transition from Christ-like figure to sober priest was beyond both the therapist's inclination and his reach.

THE TREATMENT OF ADOLESCENTS

"Notes on Problems of Technique in the Psychoanalytic Treatment of Adolescents" (1958b) is perhaps the closest Eissler came to writing a compact textbook of analytic therapy (see also Eissler 1950). The introduction to his recommendations for treating adolescent patients is itself a succinct, expository tour de force of the historical development of analytic treatment as it evolved for the adult neurotic, the child, the delinquent, and the schizophrenic. This exposition is followed by provocative assertions on the psychology of truth-conviction, orgasm,[1] and perversion—matters critical to the understanding of adolescent experience.

For example, Eissler writes that "the conditions under which the first orgasm occurs may have an effect as fateful as early traumata in infancy" (1958b, p. 242); this is the kind of brilliant observation that itself would warrant a book, the kind that resonates so fully with the observations of artists but has somehow evaded the attention of psychologists. These prefatory remarks culminate in Eissler's advocacy of an ideal technique for disturbances occurring in the most notoriously challenging stage of human development:

> In his therapeutic dealings with the adolescent the analyst has the following techniques at his disposal. With the classical technique he can undo the damage of inhibition or neurotic symptoms evoked by a reality that has imposed too great a restraint on the instincts; by the technique used with delinquents he is able to close the gaps or lacunae in the adolescent's superego and curb his antisocial impulses; with the technique evolved for

[1] In personal discussions with me, Eissler spoke about the great and unfortunate reticence of men to discuss the specifics of their orgiastic experiences—their variety, quality, differences, etc.—thereby deterring analytic inquiry and understanding.

> the treatment of the acute phase of schizophrenia he is enabled to reconcile the adolescent patient with his total environment when it becomes so intolerably painful that he withdraws and surrenders to the id with a minimum of defense. By instigating a conflict between the ego and perverted impulses, the analyst seeks to safeguard in the unconscious the cathexis of adequate heterosexual objects and of the genital function. The ultimate and most difficult task in the treatment of adolescents is to synthesize these four techniques. [p. 242]

The *clinical necessity of flexibility,* the scientific basis for which had been spelled out in Eissler's earlier paper on parameters, could not be more forcibly stated.

But he goes yet further, for the fostering of creativity per se becomes a paramount goal: "it must be the therapist's task *not only to protect the adolescent's creativity from stunting influences, but also to activate its potential toward maximum fulfilment*" (p. 247, italics added).

This invocation of the psychology of genius and creativity lends Eissler's observations an especially cogent beauty and profundity, rounding off the synthetic arc of his thought. As is well known, he devoted a large portion of his prolific theoretical and historical work to the exploration of this dark continent, and in so doing added substantially to our knowledge. During the tumult and turmoil of adolescence, a time when personality and character form and build anew upon the re-excavated ruins of the Oedipus complex, the development and nurturance of creativity are seen as decisive factors, impossible to overestimate in their ability to separate an impoverished adulthood from a robust one. Indeed, if years of clinical practice have taught me anything, it is that, unless the creative function can somehow be nurtured in *every* patient, regardless of age, the impact of our therapeutic work will be much diminished.

"CURE"

"Notes on the Psychoanalytic Concept of Cure" (1963) is for the most part an extended presentation of the failed analysis of a woman suffering from a crippling neurosis with erythrophobia (fear of blushing) as the

chief symptom. Three years of treatment resulted in no demonstrable change, no indication even that self-knowledge had been enhanced in any appreciable way. When the patient quit before a vacation, Eissler understandably surmised that the treatment had been an utter failure. Yet, eight years later, he received an astonishing letter from her with unexpected news. He explains this in the following passage:

> A patient who had not accepted one single interpretation, whose treatment was therefore, if viewed analytically, a failure, nevertheless had become capable of carrying out all the actions of which she had felt totally incapable, and thus obtained the fulfilment of all her wishes, so far as they could be fulfilled by external events. Matrimony and motherhood had been the ardent wishes of this patient, and she had given up any hope of obtaining them, at the time when she discontinued treatment. Furthermore, a social role of importance and high prestige, which was not missing from her list of ambitions, and which had appeared particularly distant in the light of her symptom, had been realized. [1963, p. 453]

This discrepancy between a lack of discernible progress during analysis and subsequent immense positive change in the patient's life is the crux of a fascinating clinical inquiry. Eissler's clear and appropriately detailed presentation and formulation may serve as a model for the composition of case histories. His description of the patient's childhood and the characterization of her fantasy life are integrated with ease and depth. The teasing out of the strands contributing to the debilitating and inherently intriguing symptom of erythrophobia, as well as his discussion of the psychological valences of the color red, is masterful and leads him to make the following observation of general relevance: "Thus a woman, in order to prove her femininity, needs redness in two important respects: she must bleed at first intercourse, and she must have her monthly period" (p. 439).

Eissler's creative clinical intuition, and his ability to grasp and relate the nearly impossibly intertwined complexities of even a single unconscious construct, are exemplified by the following:

> From some of the patient's dreams and food rituals, I received the definite impression that she was warding off the impulse to

> eat feces—an impulse which served the purpose of acquiring the father's penis. The impulse was rather complex. It contained aggression, in so far as it was a castrative wish, and debased the father's organ to something dirty, worthless, and contemptible; it expressed an endless and insatiable longing for closeness to him, and at the same time it was expressive of self-debasement and humiliation. This inseparable confluence of orality and anality, of love and hatred, of activity and passivity, of instinctual gratification and punishment, of sadism and masochism into one repressed impulse, imposed on the defensive apparatus a particularly difficult task. [p. 437]

There are many aspects of this case that lend themselves to further inquiry. How, for example, did the abusive child-rearing techniques of the patient's parents—which included locking her in a closet for several minutes to punish her tantrums, inspecting bowel movements daily, and spanking—affect the development of her neurosis? How did Eissler frame for her, and communicate to her, his analytic comments, his interpretive remarks? One obtains the impression that he proceeded tactfully with a series of gentle surface clarifications before venturing into interpretive observations—all of which were apparently rejected. It was a stray "vertical" remark, however, that Eissler believes provided the catalyst for change:

> Once this patient, just before walking through the door, pointed to a painting on a wall of my office and asked whether it was painted by Cézanne. I answered in the negative—and regrettably added: "It is painted, however, by a person who, I hope, will be one day equally famous." [p. 452]

Eissler makes a convincing case that this unintentional comment—and he is clearly not a member of either the countertransference or the "nothing-succeeds-like-success" schools of technique—was a mistake. But the error led to unforeseen consequences, primarily because it unwittingly spurred the patient's rivalrous ambitions, as he subsequently explains:

> She outdid the artist in whom I had put so much hope. The latter has not acquired Cézanne's fame, after all; but the pa-

> tient did accomplish her heart's most cherished ambitions, thus surpassing the highest expectations I could possible have harboured with regard to her clinical recovery, and simultaneously "showing me up" . . . . There is something almost uncanny about the cornucopia of blessings that fate showered her with. When we remember Freud's early statement that the cathartic treatment has the function of "transforming . . . hysterical misery into common unhappiness," we must say that this patient was not ready to do that at all, but rather seems to have held on to her neurotic suffering, in order to achieve everyday bliss. [pp. 456-457]

This is the kind of minute and profound scrutiny that distinguishes Eissler's clinical methodology and is a joy both to behold and to strive for. This, after all, is what analysis is all about—exceedingly subtle clues, hidden vistas, highly charged emotional "trivialities" that are overlooked by other psychologies. The observational field for the analyst comprises *everything* that occurs in the clinical setting. Which leads us inexorably to an aspect of analytic treatment that, though ubiquitous, inescapable, and of tremendous significance, had up until then received pitiably little serious psychological analysis: fees.

THE PROBLEM OF FEES

"On Some Theoretical and Technical Problems Regarding the Payment of Fees for Psychoanalytic Treatment" (1974) represents one of the few extended discussions of one of the thorniest practical and clinical issues confronted by the psychoanalyst.

Eissler's paper is refreshingly candid and highly useful to the clinician. Its range is ambitious, yet it succeeds in addressing fairly comprehensively the plethora of technical and clinical challenges with which the setting and collection of fees, and their meanings to patients, are fraught: policies for missed appointments, expectations about the patient's scheduling of vacations to coincide with the analyst's absence, compensation for treatment of the indigent and the very rich, adaptations to changes in the patient's financial situation, adjustments of fees, presentation of statements, the handling of unpaid bills, management of third-party payments, and so on. At the very least, the paper provides an

extraordinarily rich field of theoretical reflections, clinical observations, and advice that serve as stimuli for much-needed discourse and debate, for there is virtually no aspect regarding fees that Eissler does not touch upon. But the paper is more even than that.

Here again the particularly Eisslerian emphasis on the therapist's responsibility to organize all actions in accordance with the requirements of the patient allows the fee to be considered in its appropriate therapeutic context: "It is this putting oneself completely in the patient's service that takes the question of fee out of any sort of 'matter-of-fact' context in the case of the psychoanalyst, in contrast to other professions" (1974, p. 84).

As a result, there are some startling and unequivocal recommendations. Eissler advocates free treatment for two kinds of patients: those with a certain type of schizoid personality, and those who are depressed. For the former,

> . . . it is the patient's sensitivity, not to say fragility, that necessitates treatment in the form of a gift . . . . The necessity of paying a fee would constitute a narcissistic injury of such gravity that, under the impact of such an obligation, the patient could not get himself to start the treatment. [p. 82]

For the latter, "in view of the patient's almost complete alienation from the world, the need to pay a fee would amount to a burden that goes beyond the limits of his strength" (p. 82). Eissler in fact advises not even discussing fees with deeply depressed patients, and warns that

> . . . the treatment of a depressed patient must never be discontinued for reasons that lie within the analyst's control . . . . Before the treatment of a depressed patient is started, the analyst must decide whether he will be willing to make the sacrifices that he may be asked to bear. [p. 83]

Eissler also makes a particularly felicitous suggestion regarding fees for the very rich, namely, to charge a rate that is *less* than one's standard fee. His rationale is based on impeccable psychological principles:

> The not entirely unjustified fear of the wealthy person is his conviction, on the basis of frequent experiences, that his company

> is sought solely for monetary reasons. It is important, therefore, to convey to the patient's unconscious that money will be of secondary importance in the therapist's relationship to him. The best way to do this is not to ask for the currently maximal fee. [p. 77]

I wonder how many others have employed such a technique in their dealings with very wealthy clients.

It is not so surprising that, in the spirit of Freud (who routinely reserved time to treat patients pro bono), Eissler advocates the institutionalization of free treatment, calling on psychoanalytic societies to suggest that "members analyse at least one patient at a time gratis—and this not only for its social implications, but also for the benefit of the analyst himself" (p. 84):

> I anticipate such a benefit in two areas: it will broaden the analyst's knowledge of social groups which exist in his community, and would protect him against a one-sided view of the social structure and its impact on the individual. Furthermore, it would enable him to accumulate experiences from analyses in which the fee factor plays no role as a motivating force (either in the patient or in the analyst), and should thus not only contribute to the refinement of the psychoanalytic technique, but also solidify and maintain the psychoanalyst's own freedom and independence from the impact which the monetary factor may gradually exert on him, even if he had started out in practice motivated by age-adequate idealism. [p. 84]

Eissler freely admits, in a footnote at the very end of this paper, that he has "kept away from the question of the role that money may actually play in the unconscious motivation of psychoanalysts" (p. 99n). It is high time for his extraordinary contribution on fees to be complemented by an investigation into this as yet unanswered and most critical question, the therapeutic implications of which are enormous.

THE DYING PATIENT

Embedded within Eissler's paper on fees is a remark questioning the possibility of total dissolution of the transference. From personal discus-

sions with him, it became clear to me that this question had become a conviction—that he in fact believed total dissolution of transference to be a myth.

The meeting of any two human beings in any situation is laden with transferential elements, and also with the potential for the creation of something unique. Freud's discovery of transference in the Dora case (1905) is rightly considered to be a work of genius that opened up immense therapeutic possibilities, and the number of psychoanalytic writings and formal discussions devoted to transference and countertransference are by now nearly incalculable. While handling the inevitable evolution of powerful transferential emotions during the course of a classical analysis is every bit as hazardous as Odysseus's passage between Scylla and Charybdis, nowhere is the relationship between transference and reality less discernible or less relevant than for the patient approaching death. As Eissler writes:

> In these moments the psychiatrist, who has lent himself during the terminal phase as a frame into which the patient has projected his loves and hatreds and the aggregate of all the actors who played a role on the stage of his life, becomes irreplaceable. The separation between external reality and internal reality crumbles, and the psychiatrist is no longer an object of transference; that which serves in the treatment of the living as a tool to help the patient back to life becomes here an end it itself, without a purpose beyond. [1955, p. 197]

Eissler's book entitled *The Psychiatrist and the Dying Patient* (1955) is a landmark. Against the backdrop of the unusual exigencies presented by the human condition in extremis, the author elaborates a specific therapeutic technique, a description of which warrants extensive quotation:

> I believe that the technique of the treatment of the dying patient must centre around what I want to call "the gift situation." The psychiatrist must create at the proper time the correct situation in which to give the right gift. Since physicians in our society are not expected to make presents to their patients, such an act is considered by the patient as an unusual and unmerited favour of destiny . . . . The patient must obtain from the beginning of contact the impression that he can rely totally on the

> psychiatrist and that there are no limitations to the extent to which the psychiatrist will go in order to assist him. Also, the psychiatrist must not wait until the patient verbalizes his wishes but must fulfil them unexpectedly and to the patient's surprise. To a certain extent the patient must learn that the psychiatrist knows better what the patient wishes than the patient himself. Then the gift will be experienced by the patient as the physician's giving him part of his own life, and the dreadful stigma of being selected for death while life continues outside will be converted into a dying together, greatly reducing the sting of death or transforming it into an impending rebirth which may convert the reality of death into its opposite. [p. 126]

In the three case histories that form the clinical heart of this book, we see Eissler's therapeutic manner most clearly and poignantly revealed. His discussions are frankly brilliant, ranging over a gamut of medical and psychological intricacies and always infused by a spirit of concentrated humaneness and magnanimity. Not surprisingly, they are also sure to stir controversy; for one thing, Eissler is strenuously opposed to forcing upon patients—in the interests of so-called medical honesty—conscious knowledge of impending fatality, which in his view amounts to an unnecessary brutalization, a cruel dissolution of hope. Even patients who have become aware that they are dying nonetheless cling to the fantasy of life in some form. To explicitly insist on the reality of death with such patients is barbaric.

With a patient of Eissler's, however, who was a researcher in the biological sciences, encouragement of hope took the form primarily of supporting her engagement in medical treatments. When these failed and she expressed a dogged intent to kill herself to avoid the futility of living out the end stage of her life as a mass of useless flesh, Eissler responded with what can only be described as a bold and brilliant tactic:

> Thereupon I countered that I believed she had made a gross mistake. Her life—like life in general—had been futile and without meaning even before the onset of her disease. From the beginning philosophers have vainly tried to find the meaning of life. The only difference between the two phases she had in mind was that in one she was able to attribute a meaning to life, whereas in the other she was incapable of doing this. In reality,

> I told her, both were bare of meaning and sense. The patient became confused, claimed not to understand me, and started to cry. [pp. 190-191]

The patient did not go on to commit suicide; Eissler's creative therapeutic maneuver, which ran the risk of upending her cherished belief in life's meaning, nonetheless succeeded in permitting her to live out the remainder of her days in keeping with the standards of her healthy past.

Most of us have experienced moments in the therapeutic process when a choice must be made between giving in to a stalemate by minimizing anxiety, or fostering growth and risking an eruption with unforeseeable consequences. How and when we decide upon such interventions is a decidedly complex matter. Suffice it to say that the more attuned we are to the patient's unconscious, the more likely we are to discern and address emotional reality.

I had the good fortune to apply Eissler's "gift technique" in two settings—one clinical and the other personal. In adapting Eissler's technique to the setting of consultation/liaison psychiatry (Garcia 1996), I unexpectedly gave the gift of a cup of coffee to a pain-ridden, terminally ill, and cantankerous hospital patient, with the catalytic result of an extraordinary diminution of the patient's subjective physical and emotional distress.

I also experienced first-hand the practical importance of Eissler's recommendations in the context of a family member's illness and death. When I was informed by my father's physician of a lab result indicating a terminal and untreatable condition about which my father had not yet been apprised, I hearkened back to Eissler's words. As a result, I argued emphatically and successfully with the physician not to disclose this information. He balked at first, but eventually gave way to my reasoning that to deprive my father of hope would make the expected last several weeks of his life unnaturally cruel. My father consequently was allowed to end his life in conscious ignorance of dying, in the absence of pain (thanks to the skilled administration of analgesia), and in the knowledge that he was with his loved and loving ones. He died peacefully, breathing his last within the dignity proffered by hope.

And hope is what one finds abundantly in Eissler's writings—hope that our therapeutic means may be always improved, and that our pa-

tients may realize maximal individuality from the ministrations of a scientifically based healing art.

CONCLUDING REMARKS

It is obvious that the foregoing cannot claim to be either a comprehensive or a definitive review of Eissler's descriptions of his clinical work. It is simply an introduction, and a rather personal one at that. Eissler was prolific, authoring over a hundred articles and a dozen books during the span of a career passionately devoted to psychoanalysis, and observations of clinical relevance can be found in them all. I hope to have succeeded in whetting the reader's appetite for exploring not only the works outlined above, but the rest of Eissler's canon as well.

In his own practice, Eissler extended himself magnanimously for his patients and was capable of acting decisively in emergency situations. I know, for example, that following a colleague's urgent request, he managed somehow to extract a shotgun from a man visiting New York from out of town, who had ensconced himself in a hotel room, threatening suicide. I know, too, that he made daily phone calls to certain elderly and debilitated patients to assure them of his concerned presence. Since his death, several of his patients have contacted me to relate their tremendous gratitude to him for his life-saving analytic work with them.

Eissler's therapeutic approach may best be summarized as *patient centered, maximally comprehensive, and appropriately flexible*—a natural extension of psychoanalytic science, which itself embraces the entire spectrum of human mentation and can thus contribute to *any* therapeutic endeavor involving human agency.

Eissler bequeathed to us several outstanding technical innovations that have expanded our range of therapeutic strategies, particularly in the treatment of psychosis and delinquency, and in working with adolescents and dying patients, and he was able to demonstrate the vast and unrivaled potential for therapeutic adaptability within the psychoanalytic frame. He also underscored the inherent importance of *every detail* of analyst–patient contact—e.g., timbre of voice, the size of the analyst's room, off-the-cuff remarks, hidden interpretations, the handling of fees—and constantly called for reexaminations of fundamental phenomena. That

the therapist would put himself completely into the service of the patient, thus reducing to a minimum his own narcissism, was a sine qua non, as was the necessity of adapting technique to the structure of the individual patient's ego.

And, finally, an additional element emerges that can only be described as an indispensable aspect of Eissler's therapeutic art: the creativity that arises from the concentrated humaneness of the psychoanalyst who is working at his best.

REFERENCES

Eissler, K. R. (1950). The Chicago Institute of Psychoanalysis and the sixth period of the development of psychoanalytic technique. *J. Gen. Psychol.,* 42:103-157.

——— (1951). Remarks on the psycho-analysis of schizophrenia. *Int. J. Psychoanal.,* 32:139-156.

——— (1953). The effect of the structure of the ego on psychoanalytic technique. *J. Amer. Psychoanal. Assn.,* 1:104-143.

——— (1955). *The Psychiatrist and the Dying Patient.* New York: Int. Univ. Press.

——— (1958a). Remarks on some variations in psychoanalytic technique. *Int. J. Psychoanal.,* 39:222-229.

——— (1958b). Notes on problems of technique in the psychoanalytic treatment of adolescents—with some remarks on perversions. *Psychoanal. Study Child,* 13:223-254.

——— (1963). Notes on the psychoanalytic concept of cure. *Psychoanal. Study Child,* 18:424-463.

——— (1974). On some theoretical and technical problems regarding the payment of fees for psychoanalytic treatment. *Int. Rev. Psychoanal.,* 1:73-101.

——— (2001). *Freud and the Seduction Theory: A Brief Love Affair.* Madison, CT: Int. Univ. Press.

Freud, S. (1905). Fragment of an analysis of a case of hysteria. *S. E.,* 7.

Garcia, E. E. (1996). Psychoanalytic observations on the gift technique in the treatment of the dying patient: a case report. *Psychoanal. Rev.,* 83:395-418.

2A Marina Court
39 Marine Parade
Eastbourne
Lower Hutt 5013
New Zealand

e-mail: emanuelegarcia@gmail.com

Volume LXXVIII, Number 4

"AFTER THE ANALYSIS . . ."

BY MELITTA SCHMIDEBERG

Most patients come for analysis as for any other form of treatment with the concrete aim of getting rid of some definite symptom. Although, as Nunberg[1] has shown, their rational ideas are bound up with unconscious fantasies ("getting rid of a symptom," "cure," etc., possess sexual symbolic meanings whether it is a question of mental or physical treatment), they have on the whole a reasonable idea of what they can expect from analysis. But there is another type of patient for whom psychoanalysis has become the new religion. Whether or not he comes for analysis because of some distressing symptom, he will never be satisfied with a mere alleviation of symptoms or any other simple tangible result. He expects that after being "fully analyzed" he will never have any more difficulties or disappointments in life, and never under any circumstances experience guilt or anxiety; that he will develop remarkable intellectual or aesthetic powers, perhaps even prove to be a genius, be blissfully happy, perfectly balanced, superhumanly unbiased and absolutely free from the slightest neurotic symptom, caprice of mood or bad habit. I have actually heard the view expressed that a "fully analyzed person" will be free from aggression and pregenital interests, have no polygamous tendencies and never make a slip of the tongue or any other kind of mistake. Analysis is sometimes regarded as a panacea for all evil and the best or only solution for every individual or social problem. In a community where every

[1] Nunberg, Herman: *The Will to Recovery.* Int. J. Psa., VII, 1926.

Editor's Note: This article was originally published in *The Psychoanalytic Quarterly,* Volume 7, Number 1 (1938), pp. 122-142. According to the *Quarterly's* style at the time of first publication, reference information appears in footnotes rather than in a reference list at the end of the article. The *Quarterly* thanks Psychoanalytic Electronic Publishing for providing electronic text of this article.

This paper was read before the British Psychoanalytic Society on March 17, 1937.

member had been analyzed there would be no crime, war, unemployment, hatred, misery, sexual entanglement or divorce.

Of course if you press so ardent an apostle of psychoanalysis, he will soon have to admit that he has never yet come across that marvel of perfection, "the fully analyzed person," in real life. But he will give convincing reasons why analysis could not have been fully effective in this or that particular case, or at any rate, argue that if psychoanalysis cannot yet achieve such successes it will certainly be able to do so in the future.

These fantasies of what a person will be like after he has been analyzed (which the patient refuses to regard as fantasies but believes to be reasonable views based on objective foundations) are replicas of the child's ideas of what it is like to be grown up. Adults ("fully analyzed persons") have none of the shortcomings and miseries of children; they do no wrong, have no bad habits, make no mistakes—are absolutely perfect; they are free from anxiety, from difficulties of any sort, and of course they are extremely clever. If the patient is prepared to admit that psychoanalysis cannot yet achieve these results but maintains that it will do so in the future, then again analysis is regarded from the viewpoint of a child that has to grow up in order to develop its marvelous potentialities. The patient clings so much to these fantasies of future omnipotence because they offer compensation for the helplessness of childhood or the misery of neurosis. He can bear anxiety only if he can believe that a time will come when he will be absolutely proof against it. The more he is ashamed of his neurotic difficulties (having dirtied himself) the greater his urge to become perfect (clean) after being analyzed (washed). The Utopia of perfect and never-to-be-disturbed happiness "after being thoroughly analyzed" is the Utopia of a deeply unhappy person. The more the patient feels inferior to others because he is neurotic (a child), the more he hopes to be superior to them as a "fully analyzed person" (an adult). The child tends to shift to the future his ideas of grandeur which he cannot maintain in the face of his actual helplessness. He gets over his feelings of inferiority and anxiety by imagining that as an adult he will be able to do all the things he would like to do but cannot.

We all know that cure is conceived in terms of libidinal gratification. What the patient wants from the analyst is love, sexual gratification, the fulfillment of all his unconscious wishes. One patient had a

rooted objection to the idea of getting a "little better"; he wanted either a complete cure or nothing, and his refusal to allow himself to become a little better—for fear I might force him to be satisfied with the improvement—was a definite handicap in treatment. "A little better" was like food or love shared with his sister which he refused to accept; being "quite well" meant that he satisfied his wish to have all the food and happiness in the world. The guilt over this greed for happiness may lead to the superego demand that the patient shall remain ill, just as oral greed causes an inhibition in eating. Thus the neurotic urge to get well and the negative therapeutic reaction (the neurotic urge to remain ill) are two sides of the same problem. The negative therapeutic reaction is frequently the outcome of specific transference reactions, especially when "getting well" or "remaining ill" have acquired a special emotional significance. Another way of putting it would be to say that the unconscious guilt which prevents the patient from getting well is largely due to the nature of the unconscious infantile fantasies which underlie the rational wish to get well. Thus a patient felt very guilty because he had, as he thought, denied a man (who had nearly been his successful rival but had then broken down completely) the possibility of getting well by deliberately not advising analysis for him; therefore the patient had to punish himself by not getting anything out of his own analysis.

Often the patient's hopes and expectations from the treatment are repeated day after day, month after month, almost year after year, and have an unmistakably querulous note. The patient is really demanding compensation for all his past and present sufferings, for all the trouble and expense caused him by the analysis (with all the symbolic implications of these things). The intensity and persistence with which these demands are repeated leave one in no doubt as to the strength of the underlying reproaches against the analyst. Such demands like all querulous demands are largely a defense against guilt. The patient feels guilty for not getting better. He feels that the analyst demands a standard of health which he can as little live up to as to the moral standards set by his parents. This is one reason for not giving the patient exaggerated ideas about the results of analysis.

The patient sometimes displaces his narcissistic valuation of himself on to the analysis; he will insist that analysis is far superior to every other

method of treatment, and refuse to allow anything else to exist outside it, just as he once felt superior to every other child and was unwilling that his brothers and sisters should exist. The inferiority feelings of the neurotic are largely a defense against and over-compensation for terrifying ideas of grandeur which carry with them the danger of losing hold on reality, but they are also a continuation of them in a distorted form. Thus when a patient has substituted the idea that he is the stupidest person on earth for the original narcissistic one that he is the cleverest, the narcissistic element is still present: he is the *most* stupid person, and his remarkable stupidity distinguishes him from others. And if after complaining day after day in the analysis how stupid, abnormal and neurotic he is instead of boasting how clever, unusual and superior he is, he expresses the hope that the analysis may rid him of his inhibitions and turn him into a genius, then we see that the original narcissistic idea has broken through, only it is displaced to the future.

You will probably have observed that I am using the term "narcissism," a word that has practically disappeared in recent years from the vocabulary of English analysts. While continental analysts once tended—and perhaps still tend—to treat every manifestation of narcissism as if it were a primary one, and neglected the dynamic forces that caused the regression to it (extreme ambivalence, paranoid anxieties, excessive superego demands),[2] English analysts now seem to go to the other extreme and to regard it almost exclusively as a secondary phenomenon, and even then only in terms of the relation to introjected objects. But introjection is only one of the ways in which a withdrawal from external objects to the self in secondary narcissism takes place.[3] Still more important clinically, however, is the pathogenetic action of primary narcissism; for example the fact that inferiority feelings are so often an over-compensation for narcissistic ideas of grandeur (ideas of grandeur may cover up inferiority feelings) or that the pleasurable narcissistic interest in one's

[2] Schmideberg, Melitta: *Einige unbewusste Mechanismen im pathologischen Sexualleben und ihre Beziehung zur normalen Sexualbetätigung.* Int. Ztschr. f. Psa. XVIII, 1932, pp. 73-77; *Psychotic Mechanisms in Cultural Development.* Int. J. Psa. XI, 1930, pp. 407, 411; *Persecutory Ideas and Delusions.* Int. J. Psa. XII, 1931, pp. 345, 366.

[3] Cf. Freud: *The Ego and the Id.* Trans. Riviere, London: Hogarth Press, 1927, p. 65. *On Narcissism.* Coll. Papers, Vol. IV.

own body may through guilt be replaced by hypochondriacal worry over it. This aspect of the matter has been rather neglected recently.[4]

The patient's assumption that perfect bliss characterizes the condition of a fully analyzed person really expresses his longing for past happiness; an idealized memory of his babyhood is projected into the future. As a baby he was happy, had no need to work or to make decisions and was in fact all important, judging at least from the love and admiration his parents gave him. Analysis is for some patients an escape from life, a return to childhood. This type of patient lives almost literally only through and for the analysis. He would feel guilty if he were to deal with a difficulty or get over an emotional crisis without first having it analyzed. He prefers analysis to ordinary everyday methods just as, from guilt over his wish for independence, he had to prefer his parents to ordinary people or other children. He would like analysis to protect him against reality as his parents kept him from life; he wants to remain a baby and puts off any effort or unpleasant decision until the situation "has been fully analyzed," with the expectation that in the life after analysis work will never be an effort, there will be no need for renunciation and no decision will ever cost pain. To justify these absurd demands he proceeds to exaggerate his real difficulties in order to prove that they are neurotic and therefore curable. Everybody has to make a certain effort when learning something new or reacts with pain to frustration, but for such patients as these it is a narcissistic insult to be like others; it is so much more flattering to suffer from inhibitions and bizarre pathological reactions. Such people are usually extremely sensitive to pain and unable to bear it, largely because of their fear of their masochism, partly because they have suffered so much already that every additional discomfort acts as a last straw. By exaggerating the pain or disappointment they deny it. This *denial through exaggeration* seems to me an important *defense mechanism.* Patients may go on complaining for months on end how unhappy they feel and reproaching me for not admitting it, but

[4] There is the same tendency among analysts in England to regard masochism as a secondary phenomenon almost exclusively in relation to the "introjected objects" and to neglect the pathogenetic importance of primary masochism. If, for example, patient waiting has acquired too masochistic a significance, fear of one's masochism may lead to extreme impatience.

they are most upset when I agree. The more they repeat their complaint the less they really believe it, and only my agreeing makes it real to them.

In his over-valuation of analysis the patient often repeats his attitude to religion: he makes the same desperate efforts to believe in it and the same excessive demands from it. The analyst can convince him only if he makes symptoms disappear in the way that Christ performed miracles of healing. In return for this he is prepared to believe that only a thorough analysis can save him from the agonies of mental suffering and bring eternal happiness, just as the true believer will be saved from hell and enjoy eternal bliss in the life after death. But one must believe implicitly—"be free from resistances." Such religious ideas about analysis are often accompanied by a religious self-righteousness, and intolerance at its worst for the slightest deviation from what the patient conceives to be the accepted analytic doctrine or any possible doubt or criticism of it. He betrays an over-estimation of the "correct" analytic terms and rituals similar to that of the liturgy of the church. He holds that interpretations, like prayers, must be given in the right order and form, and he demands that every child shall be analyzed at an early age, as others insist that he shall be baptized. He sets out to convert others, sometimes the most unsuitable persons under the most absurd circumstances, much as the evangelists went out to preach the Bible.

One need not go far to discover that this exaggerated belief covers a profound unbelief. The patient lays so much stress on the miraculous effects of analysis in order to be justified in discarding it altogether if it does not work miracles. By preaching analysis to all and sundry and making the most exaggerated statements about it, he succeeds in rendering it ridiculous while appearing to extol it. By creating a super-analyst of the future or attributing miraculous wisdom and abilities to some living analyst with whom he identifies himself, he can look down disdainfully on his own analyst. *He* is the good boy who will be rewarded for his faith, while the skeptical analyst will be condemned for his analytic heterodoxy by other analysts and perhaps even be excluded from the Analytical Society, the seat of all the righteous, in other words from Heaven.

The superego attitude towards analysis seems to be more important even than its libidinal significance. Analysis is regarded as an atonement, as a cleansing process, as a religious exercise; getting on in the analysis

means doing one's duty, obeying one's parents, learning one's lessons, saying one's prayers, defecating. To get better, improve, is to be good. These ideas are sometimes increased through the attitude of the analyst when for example the analyst displays an over-estimation of analytic ceremonial or is inclined to regard it as the only true therapy.

The fully analyzed person is the ideally good child, free from all aggression, pregenital interests, or even the most minute symptom or difficulty. The patient is as intolerant of his symptoms as his parents were of his naughtiness, anxiety, bad habits and crying. The impatient wish to get rid of the neurosis may be a repetition of his parents' impatience with his childhood helplessness or illnesses, or it may be also an overcompensation for the wish to retain them and to enjoy the "gain from illness." The fear of symptoms is itself an over-determined symptom. If the symptoms are considered to be a result of masturbation they must be concealed or suppressed almost as much as the forbidden sexual activity itself. Sometimes they are interpreted as indicating mental disease and the fear that this may be detected can assume paranoid proportions. The fear of madness is a specific form of hypochondriacal worry, the brain—the content of the head—being equated to the contents of the body. It is also largely a fear of having mad uncontrollable (sexual) impulses. This may lead to the suppression of every spontaneous reaction; excessive control over the excretory system is displaced to mental processes. Excessive fear of being ridiculed or humiliated (originally for wetting, not having a penis, etc.) creates a need to be free from all weaknesses and peculiarities. The wish for a perfect body and mind (to have a penis or breasts, be grown-up, clean, unhurt, godlike) is a reassurance against hypochondriacal anxieties and a fulfillment of the narcissistic wishes of the small child.

A woman patient was specially anxious to be free from all neurotic symptoms or organic illnesses; she tried hard not to give way to any weakness and even refused to rest when she was tired. Being weak or tired or ill meant that she was babyish or feminine, despised by her brothers. The admission that she was weak or ill would aggravate her sense of helplessness against attacks and her fear of becoming seriously ill and dying. The position she had the greatest difficulty in adopting was that of a baby or being ill, because it brought back all the helplessness and anxiety of

her childhood. With a really unsympathetic mother the only consolation she had had during her long childhood illnesses was the attention her father had given her. This combined with her mother's neglect came too near to the guilty Oedipus situation to make it possible for her to enjoy a repetition of the situation in later life. Being ill and neurotic also represented an identification with her very unhappy father, which was too frightening partly because of its Oedipal significance, partly because of its masochistic aspects.

Frequently a patient has the fantasy that by getting well himself his parents or some other person with whom he identifies himself may recover from a neurotic or from an organic illness. The wish to keep his father weak and impotent may form the basis of his wish to remain ill, or by way of over-compensation he may develop a specially marked superego drive to get well. An intense wish to be cured of all his symptoms may have its origin in a desire to make his father perfectly whole, to restore his body and mind alike with respect to real weaknesses and fantasied injuries; but it may also express by way of an identification, an intolerance of his parents' imperfections and difficulties. The more the neurosis and the wish to be cured are "borrowed," the more the patient's neurosis serves to cover up and excuse the neurosis of some present or past object of ambivalent love, or to indict it. The more complicated are these reactions, the more unrealistic his ideas of cure and the more likely he is to show the "negative therapeutic reaction."

Masochistic fantasies of grandeur, such as an identification with Christ, often influence the unconscious wish to get well or to remain ill. Fantasies of saving the world are an over-compensation for fantasies of world destruction and a cure for paranoid anxieties. If the neurosis is equated with Christ's sacrifice and crucifixion, then the world is being saved through the patient's continued illness, renouncing all happiness for the sake of others and inhibiting his aggression and normal activity. If getting well is thought of as resurrection, then it is of the highest importance since the salvation of mankind depends on it.

Fantasies of being godlike, or an identification with the analyst regarded as a superhuman (or inhuman) being, can often be detected in the wish to be absolutely unbiased and objective, free from all symptoms and prejudices. Some partially cured patients are free from symptoms

but have an artificial and unnatural attitude. The struggle to suppress their symptoms takes up most of their mental energies. It is sometimes pathetic to watch the efforts they make to appear "normal," that is free from symptoms, and how relieved they feel when they are allowed again to experience anxiety and suffering openly. Because they regard the disappearance of symptoms as the test of therapeutic success, having symptoms has come to signify criticism and disloyalty to the analyst. The feeling of giving the analyst away to others by maintaining symptoms usually repeats the patient's early childhood idea that he and his playmates would be betrayed in their sexual games by the consequences (symptoms) which these are supposed to entail.

Usually it is a sign of progress if the patient's ideas of cure become more realistic and he is able to tolerate his symptoms. This is an indication that he has in some degree given up his ideas of grandeur and can like himself as he is; that he is more tolerant of weakness and instinctual manifestations, and that his hypochondriacal worries and anxiety are reduced. In my experience, analysis of the patient's fantastic expectations and idealization of analysis is of the greatest therapeutic importance because these ideas often constitute the core of his transference neurosis, are closely bound up with the negative therapeutic reaction and present a subtle but most effective resistance towards accepting reality. Criticism of analysis is—apart from more obvious factors—often a defense against the over-estimation and idealization of it.

When he was discussing this paper Dr. Glover called attention to another factor in assessing the perfection fantasies of patients: the countertransference. Patients are quick to recognize and imitate the attitude of their analyst. Every patient has his favorite defense mechanism and in the countertransference each analyst uses a defense system of his own. It is the custom when considering countertransference to stress exclusively the mechanism of repression. There is no reason why mechanisms of projection and introjection should not play as great if not a greater part. The pathological type of projection countertransference tends to make the analyst distrustful of the patient, in particular of signs of improvement. The introjection type of countertransference may also lead to unnecessary prolongation of analysis. If the analyst has a form of starvation anxiety, a fear of being deserted, or the dread that the patient may be-

come a permanent "bad object," he will retain (swallow) the patient and find it difficult to discharge (disgorge) him.

It seems that many analysts are more ready to analyze the patient's skepticism concerning analytic therapy, which is regarded as a manifestation of his negative transference, while his over-estimation of analysis, so long as it is not too glaringly absurd,[5] is more easily condoned because it is flattering to the analyst and coincides with his own idealization of analysis.

The fantastic ideas entertained by patients as to the possibilities of analytic therapy are encouraged by the fact that analysts themselves are not always very clear in their minds on the subject. They are more inclined to discuss the criteria of cure in an ideal sense, or to consider the workings of analysis under ideal conditions, than to describe the actual imperfect results achieved under the very imperfect conditions of real life. Thus recently there was a symposium on "The Theory of Therapeutic Results"[6] and on the "Criteria of Therapeutic Success"[7] but never one, so far as I am aware, on the "Nature and Frequency of Therapeutic Success." It seems almost as if there were sometimes a feeling that it is beneath the analyst's dignity to be too interested in questions of success, that it is bad form to claim good results, or again that to be skeptical is a confession of failure. Statistics such as those published by the analytic clinics are of little value because they do not explain what is meant by "cured" nor do they give details of the cases. Most case histories that are published deal with patients who are still under treatment or have just completed it. It would be of great value to observe the development and the reactions of patients over a number of years after they have been discharged and to find out if those described as "cured" showed any neurotic reactions and the nature and intensity of these, how they reacted to specific difficulties and frustrations experienced, how they dealt with situations of emotional stress, what proportion could be regarded as permanently "cured" or "improved," defining these terms in detail, and which were the decisive factors for a favorable prognosis.

[5] According to Dr. Friedländer Misch if one begins to analyze the apparently quite rational expectations the patient connects with analysis, it frequently happens that these expectations become more and more fantastic.

[6] The XIVth International Psychoanalytic Congress in Marienbad, 1936.

[7] The British Psychoanalytic Society, 1936.

Some analysts may be reluctant to draw conclusions from past experiences, in the belief that therapeutic possibilities are being greatly extended with the increase of our knowledge. There have been many waves of therapeutic enthusiasm during the last thirty years; time and again it was thought that a new technical device (e.g. active therapy) or theoretical discovery would revolutionize therapy. These waves of enthusiasm were usually shortlived however and disappointment and pessimism followed in their wake. It seems that advances in therapy depend more on a steady progress than on revolutionary discoveries.

There can be little doubt that therapeutic results improve with increasing knowledge but equally little doubt that they do not improve in the same proportion. This fact, which has puzzled many analysts, would go to show that an "all-round analysis" and the analysis of the preconscious is more important than the singling out of certain newly discovered fantasies or mechanisms; that the knowledge and interpretation of the unconscious is only one element in the therapeutic process. The human relationship to the analyst which remains unaffected by any increase in our knowledge is certainly no less an important factor.[8]

I believe that with certain patients an optimum result is achieved after a certain time which cannot be bettered to any considerable extent however long one persists with the treatment, at least with the same analyst. It seems to me that it is essential in therapy to know the right time to stop. One must weigh the advantages of continuing treatment against the disadvantages and also take into account the psychological effects of unduly great sacrifices and other drawbacks. If the patient feels, perhaps with some justification, that the analyst expects him to regard analysis as the most important thing in his life for which he should be prepared to sacrifice every penny or deny himself such simple pleasures as going to the pictures or buying new clothes, then it will be difficult to analyze his inhibition of pleasure and to correct the effects of his parents' attitude in expecting him to sacrifice everything for them and trying to make him "unselfish" and modest.

[8] This view does not conflict with Glover's opinion that many of the earlier successes were largely due to inexact interpretation, nor with the view expressed by Helene Deutsch who emphasized that theoretical knowledge and expectations often handicap the analyst in his practical work.

One must also consider the unfavorable effects of direct or indirect pressure put upon the patient to go on as for example, making him feel guilty for wanting to become independent of the analyst, or increasing his hypochondriacal worries about his state of mind. I have heard of analysts who actually frighten the patient into continuing the analysis by warning him of the grave consequences of breaking off the treatment: that he may get worse, go mad, commit suicide, sometimes using direct or indirect outside pressure in addition. I think that the ill effects of such a procedure can hardly be exaggerated. In earlier times analysts used to stress the fact that the patient clings to analysis as a defense against life and as a continuation of his infantile fixations. Although their method of counteracting this tendency by setting time limits was rather crude and often unsatisfactory, the view underlying it was sound. The danger of our recent attitude of trying to make the patient go on as long as possible is that we behave very much like the possessive parents who make the child afraid of life because they do not want him to grow up and break away. There are those who claim that the fact that the analyst repeats an unfavorable parental attitude is of little importance so long as the fantasies stimulated by it are "thoroughly analyzed." I do not share this opinion. The main danger of long analyses (six, eight and even ten years of analysis do not seem unusual any more) is that it estranges the patient from reality.[9] As both analyst and patient have staked so much on the treatment they will be more unwilling to admit failure and therefore be more biased in judging the results of the analysis.

There seems to be a special narcissistic appreciation of the "long" or "deep analysis," partly and over-compensation of resentment and criticism. Dr. Glover told me about a patient who, after a talk in which he experienced much inferiority feeling because his own analysis had to be a great deal shorter than that of his friends, had a dream in which he equated the "short analysis" with a short penis. In other cases a "long analysis" satisfies superego demands.

An over-estimation of long analysis, just like any other preconceived idea about the course or the results of analysis, is likely to stimulate the

[9] There is even some danger that the analyst may lose contact with real life if he has the same patients (usually comparatively few) over a number of years.

patient's unconscious fantasies and transference reactions, and thus in fact influence the course and length of the treatment. It is known for example that a number of patients pass through a phase of depression. Some analysts think that while such a phase is unavoidable in certain cases, that in others it is due to imperfect technique. Other analysts think that no analysis is satisfactory or "deep-going" enough if the patient has omitted to pass through a phase of depression and will not hesitate to express an opinion to that effect.

The idea that he must necessarily pass through a phase of depression may stimulate the patient's anxiety, punishment fantasies and masochistic impulses; it may also play into his religious views concerning the repentance and atonement which must precede salvation (cure); or it may be felt as a command to produce depression (unconsciously, feces) with which he complies or obstinately refuses to comply. By means of these and other complicated transference reactions—apart from the obvious factor of direct suggestion—a phase of depression is brought about or a spontaneous tendency towards depression is increased. It is therefore not very surprising if analysts who expect to observe depressive phases find them in all their patients. In the same way the analyst's expectations relative to the length of the treatment and his standards of cure are bound to affect his patients. If for instance an analyst, and through him his patient, feel that only results achieved after long analysis are of any value, it may happen that initial improvements are regarded only as a "manic defense" and not allowed to persist, while if the same improvements appear once more after perhaps five years of analysis the patient having duly passed through the phases of depression and anxiety which are considered necessary, they are hailed as signs of a successful treatment.

There is a tendency to regard what amounts to the same practical result as more valuable if it has been achieved after a longer period of analysis, on the assumption of course that the patient has been more "thoroughly analyzed." The idea of "being thoroughly analyzed" has often a moralistic flavor of the "inner cleanliness" type; it sounds at times almost as if the patient were being urged to get rid of his "complexes" or his "anal erotism" or in more recent times his "paranoid anxieties" and "manic defenses," much as the newspaper advertisements urge one to

get rid of the "poison in one's system." The conception of a "thorough analysis" implies a demand that radical alterations should take place in the unconscious apart from those effected in the patient's conscious attitude and behavior. But we must first inquire how far we are entitled to look for radical changes in the unconscious.

Only a fraction of the primitive impulses and of fantasies made conscious during analysis remains conscious and is assimilated by the ego; the greater part is forgotten or becomes emotionally unimportant, is dealt with partly or wholly by repression. Thus it seems that the process of becoming conscious is of greater therapeutic value than retaining the unconscious material in consciousness. As to the anxiety and other painful emotions diminished through analysis, it is difficult to say how much real reduction of latent anxiety has been achieved or how much must be attributed to better defenses. In the same way it has yet to be ascertained how far pregenital fixations are really given up or to what extent they seemingly disappear owing to a more successful repression of pregenital interests. As one sometimes hears pronouncements that a patient cannot yet be considered normal because he still has this or that "defense," it is perhaps not entirely superfluous to point out once more that however prolonged an analysis has been, it will still leave all the patient's defense mechanisms in operation although they will function in a more even and harmonious way. It follows that the effect of analysis may be to reënforce certain defense mechanisms: repression, manic mechanisms or projection.

So long as the theoretical conceptions underlying "unconscious criteria" are not clear they are apt to be misleading. Stipulations such as that "the patient should have reached unconsciously the genital level" are vague and unreliable when our theoretical conceptions of phases, regression, fixation and progression are still in the melting pot. Others as for example that "the patient should have attained to full object relationships and have given up part objects," are difficult to reconcile with the common clinical observation that he gets well by becoming more independent of people and taking more pleasure in concrete things ("part-objects").

The alterations in the deep unconscious (the id) effected by analysis are comparable in my view with those one might make in the sea

by taking a few spoonfuls of water from it. So long as proof is lacking that analysis does effect radical alterations in the unconscious as distinct from the preconscious, we must be guided primarily by the practical results of our therapeutic efforts, by alterations in the patient's attitude and behavior. It is in fact with these ends in view that the patient comes for treatment. The objection that a patient cannot be well because he still has manic defenses, unconscious paranoid anxieties or an anal fixation would be justified only if it could be proved that there are people without them.

We must also try to retain a sense of perspective with regard to the practical results we can expect. It is very natural that analysts should feel gratified if their patients excel in one way or another, just as parents are pleased if their children accomplish all they would like to have done themselves. This narcissistic gratification however is not the most important motive in excessive ambition for one's patients. More important seems to be the superego drive based on an identification of the patient (or child) with the analyst's own id. The analyst feels he must improve his patient (or child or pupil) as he should have improved himself. These considerations raise one point of practical importance: such superego pitfalls are especially great in training analyses where we have fewer symptomatic criteria and a greater feeling of responsibility. The more we are dissatisfied with ourselves, the higher the standards we are likely to demand of the student in training and the more intolerant we will be if he falls short of them.

One should not expect too much in the way of intellectual or social development from the patient in any direction. There is no reason to suppose that because a patient writes second-rate poetry she will through the analysis become a first-rate writer. The result is more likely to be that she will either resign herself to her limitations but continue to enjoy turning out second-rate work, or else give it up altogether. If a patient instead of writing inferior poetry begins to enjoy cooking or knitting, this change is quite favorable from the point of view of personal happiness and should not be regretted from a cultural point of view.

But even as regards the human development of the patient we should not be too exacting. Some analysts seem to assume as a matter of course that analyzed parents are also the best parents. This is definitely

not the case. All we can legitimately expect is that a person who has been successfully analyzed will have a better relation to his child than before he was analyzed. But this improved attitude is not necessarily better and is in fact often less good than that of a genuinely good parent.

It seems to me that analysts sometimes have too intolerant an attitude towards "acting out" during the analysis and towards symptoms—especially those which are obviously manifestations of primitive impulse life. One would like to think that all analysts have developed a genuinely tolerant attitude as a result of having been analyzed themselves. This idealistic view is not in keeping with the facts and we should probably find as many variations in this respect among analysts as among the members of any other profession. The fact that the analyst does his best to avoid giving any indication of disapproval to his patients, and indeed often allows himself no spontaneous reactions whatsoever so far as they are concerned, is not necessarily a sign of genuine tolerance; it may equally well be evidence of a severe "analytic superego" due to guilt over human reactions and the sadistic elements in the disapproval. We are likely to learn more of the analyst's true attitude from his views on subjects on which there is as yet no standardized body of opinion (e.g. upbringing) and from his behavior in real life, than from the air of imperturbable calm which he assumes during the analytic session. Most patients are able to penetrate behind this analytic mask to the real attitude which it conceals, a fact which goes far to explain many therapeutic successes and failures. There are many indirect ways in which the analyst's moral bias finds expression and it is important that he should at least be aware of it. His decision as to what is "normal" or "neurotic" is often influenced by similar considerations regarding what is "good" or "bad," and his attitude towards symptoms may repeat a dislike of "bad habits." Although it is far from my intention to minimize the importance of the guilt and anxiety drives in such manifestations as nail-biting, excessive smoking, polygamy, perversions, stealing, these reactions are to be regarded primarily as expressions of instinct, and renunciation of them after however lengthy an analysis may be just as much due to increased inhibition as to reduced anxiety. Some patients give up their "pregenital interests" or masturbation to please the analyst, just as they once gave up their "dirty games" to please their parents; they feel that if the analyst suggests that

they are "narcissistic," he is really reproaching them for being "selfish," that "infantile fixations" are sometimes only another term for "childish behavior," and that the ideal patient who has reached "full object relations" is the analytic edition of the good boy who loves his parents. Again to say that a patient employs manic defenses may be just another way of calling him a nuisance; to allege that he is paranoid may simply imply that he is rebellious and distrustful. The patient is often right in regarding these descriptions as reproaches. It does not matter that the words have an imposing scientific ring; far more important is the attitude underlying their use.[10]

I do not think that it should be the aim of analysis to remove every manifestation which might be regarded as a "symptom," but only those which really interfere with the patient's life. If the analyst is free from moral bias, the result of analysis may sometimes be that the so-called pathological manifestation of instinct does not disappear but that it gives the patient less trouble or loses some of the punishment tendencies expressed in it. Thus a patient may remain homosexual or polygamous, continue to bite his nails, or to masturbate, though usually not to excess, without feeling guilty over it. In evaluating symptoms I should be disposed to attach greater importance to those representing inhibitions of instinct (e.g. inability to enjoy food) than to manifestations of primitive impulse life. This policy might usefully be adopted if only to counteract the analyst's unavoidable moral bias against too open expressions of instinct, especially when he fears the disapproval of parent-substitutes: other analysts, the patient's relatives, the police, probation officers, etc. Quite apart from this, it may be said that on the whole anxiety giving rise to inhibition is more likely to interfere with the patient's health and happiness than an equal amount of anxiety which has the effect of increasing his primitive instinctual drives.

Again, we should not entertain exaggerated ideas in regard to the reduction of anxiety to be effected. A patient came to see me about a year after she had completed her analysis. She told me that she felt well

[10] I cannot say, of course, how frequently analysts speak thus of their patients, but I have heard observations of this kind made by quite a number of persons who had undergone analysis and it is certainly not rare that analysts speak about their patients in this way to other analysts.

and that her symptoms had disappeared but added that she would like to have a few months further analysis. I asked her why she wanted to recommence analysis if she felt well, to which she replied that feeling well was such a strain. She had been pregnant during the first analysis, which had lasted about twelve months, and again during the second one. During her first pregnancy she was remarkably fit and free even from the minutest symptom, and this had to be regarded as something of an achievement because before being treated she had had unusually great anxiety and hypochondriac worries over pregnancy and childbirth and a rather ambivalent attitude towards having children. In her second pregnancy she was also perfectly well and free from symptoms but not so exceptionally fit as on the earlier occasion. She herself regarded this as the healthier reaction. Because she was now fundamentally less afraid and made less stringent demands on herself, she could allow herself manifestations of physical weakness or anxiety. In the same way I believe that for most people it is more normal to have slight peculiarities, anxieties, minor neurotic symptoms or bad habits than to be absolutely free from them, provided they are in a position to tolerate them without difficulty.

Dr. Glover has pointed out in discussing this paper that the projection into the future of perfection or imperfection fantasies depended very much on what happened during the analysis to the factors of primary and secondary gain. Many patients compensate the loss of secondary gain by living up to conceptions of health which are so rigid and arbitrary as to be neurotic. Through this "neurotic conception of health" they become as great a nuisance to their friends as they were previously through their illness.

It is certainly gratifying to the analyst if the patient as a result of the analysis not only gets rid of his symptoms but advances in his whole development. One should not be too ambitious for him and above all not judge him by one's own standards. He should live his own life and conform to his own ideals and not to those of the analyst. A possessive attitude in the analyst is even worse than a possessive attitude in the parent. I consider it satisfactory that a number of patients whom I analyzed successfully differed as fundamentally from me after the analysis as before it in their political, religious, social and artistic convictions.

The foremost task of the analyst as of every doctor, is to mitigate human suffering. There is consequently no justification for looking with contempt on treatment that "only" relieves symptoms. Every form of therapy, analytic or non-analytic, that relieves suffering is valuable.

The great possibilities of analytic therapy are likely to stimulate the ideas of grandeur inherent in us all; we must admire the sense of proportion that enabled Freud to realize the limitations of analysis almost as much as we admire his creative genius in discovering it.[11] Analysis can and does achieve a great deal both in the way of removing symptoms, the difficulties for which the patient originally came for treatment, and also in bringing about favorable changes in his character and attitude, usually accompanied by alterations in his physical habitus and facial expression. But we should not imagine that we can by means of analysis develop a special category of analyzed persons, a class of supermen.

I should like to conclude with a story rather in point. A patient of mine told somebody at a party that she had been analyzed. This individual looked at her with great amazement and said she could hardly believe it, because my patient was so free and easy and natural, quite like an ordinary person in fact, and unlike any "analyzed person" she had met before. I consider that for a patient to become "just like anyone else" is the best result one can expect from analysis.

[11] Freud shows again the same moderation in his most recent paper, *Die endliche und die unendliche Analyse.* Int. Ztschr. f. Psa., XXIII, 1937. (Trans. Int. J. Psa. XVIII.)

Volume LXXVIII, Number 4

MELITTA AND HER MOTHER

BY ELIZABETH SPILLIUS

Keywords: Melanie Klein, Melitta Schmideberg, history of analysis, British Psychoanalytical Society, Controversial Discussions, World War II, Edward Glover.

I wonder what American readers thought about Melitta Schmideberg's paper "'After the Analysis . . .'" when it was first published in *The Psychoanalytic Quarterly* in 1938. Perhaps they saw it as a judicious description of the somewhat unrealistic expectations of analysts and patients about the benefits of psychoanalysis. British readers in 1938, especially psychoanalytic ones, would have seen it very differently. Watching the wrangles in their formerly peaceful psychoanalytic society, they would have recognized it as a very much toned-down version of a savage attack on Melanie Klein by her daughter, Melitta.

In a letter to James Strachey, Joan Riviere, a close colleague of Klein, describes her own reaction to Melitta's first presentation of "After the Analysis—Some Phantasies of Patients" to the British Psychoanalytical Society in February 1937: "Melitta read a really shocking paper on Wednesday, personally attacking Mrs. Klein and her followers and simply saying we were all bad analysts—indescribable" (Grosskurth 1986, p. 229).

In her paper, Melitta describes the way patients may have unrealistic ideas about analysis, but the implication is that some analysts encourage such idealization. "In his over-valuation of analysis the patient often repeats his attitude to religion," she says (Schmideberg 1938, p. 1132), and "these ideas are sometimes increased through the attitude of the analyst when for example the analyst displays an over-estimation of ana-

---

Elizabeth Spillius is a Training Analyst of the British Psychoanalytical Society and the editor of the comprehensive, two-volume collection *Melanie Klein Today* (1988), as well as the author of *Encounters with Melanie Klein* (2007).

lytic ceremonial or is inclined to regard it as the only true therapy" (p. 1133).[1]

It is her view that:

> The analysis of the preconscious is more important than the singling out of certain newly discovered fantasies or mechanisms; that the knowledge and interpretation of the unconscious is only one element in the therapeutic process. The human relationship to the analyst which remains unaffected by any increase in our knowledge is certainly no less an important factor. [Schmideberg 1938, p. 1137]

In the following passage, she attacks Klein's (1935) new idea of the depressive position:

> It is known for example that a number of patients pass through a phase of depression. Some analysts think that while such a phase is unavoidable in certain cases, that in others it is due to imperfect technique. Other analysts think that no analysis is satisfactory or "deep-going" enough if the patient has omitted to pass through a phase of depression and will not hesitate to express an opinion to that effect.
>
> The idea that he must necessarily pass through a phase of depression may stimulate the patient's anxiety, punishment fantasies and masochistic impulses; it may also play into his religious views concerning the repentance and atonement which must precede salvation (cure). [Schmideberg 1938, p. 1139]

In considering the possible reactions of American and British readers to Melitta's paper at the time it was first published, I have not done justice to the paper as a timeless "thing-in-itself." I doubt, however, whether one can ever look at a psychoanalytic paper as a thing-in-itself, for it is my belief that what a psychoanalytic writer creates and a psychoanalytic reader reads are both sure to the influenced by the view that each has of his or her own psychoanalytic situation and that of the other.

I realize this raises philosophical questions that I am not competent to discuss. However, I want to take this unwise speculation a little fur-

[1] *Editor's Note:* In this article, page numbers from Schmideberg 1938 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1938.

ther. What would *current* American and British psychoanalysts think of Melitta's paper? I think it likely that both would now see the paper more as my imagined American reader would have seen it in 1938, that is, as an interesting criticism of rather naive patients and potentially manipulative analysts. Only a very few British readers would interpret the paper as a daughter's vicious attack on her mother, because few British analysts today know about this bit of their Society's history. But if the current British reader were a Kleinian, even if he or she did not know about Melitta's and Melanie's unhappy history, I think this present-day Kleinian would be likely to think that Melitta had not quite grasped the essential and far-reaching clinical usefulness of Klein's idea of the depressive position. Perhaps even a few other British analysts who are not, strictly speaking, Kleinian might think something similar, but of that I am less certain. Doctrinal differences remain among British analysts, though I believe they are now more taken for granted, and that they are somewhat less emotively held than they were in the 1930s and early 1940s.

Thus, I do not believe there can be a "right" view of Melitta's paper. In saying that there were two views in 1938, an American and a British view, I have clearly oversimplified the situation. There might have been one American view at that time, but there must have been two very conflicting British views: the view held by Melitta and her analyst Edward Glover, and the view held by Klein and her supporters. And in 2009, I think there would be several British views, though none would be held with quite the certainty and even ferocity of 1938. In 2009 in the United States, I would expect there to be as many views of Melitta's paper as there are psychoanalytic schools of thought, if not more. It takes many years of clinical work and interchanges about theory for a diversity of views to begin to settle down into a smaller number of clinically useful and theoretically coherent views.

SOME BACKGROUND TO "'AFTER THE ANALYSIS . . .'"

As is well known, Klein initially came to London in 1925 to give lectures on child analysis, and she was then invited by Ernest Jones and the British Society to settle permanently. The years from 1926 to 1933 or so

were calm and productive in the British Society, and Klein's ideas were thought about and used or not used with considerable interest but little antagonism or overidealization. Many of the senior British analysts at that time had been analyzed by Abraham, Ferenczi, or Freud; some were medical, some came from other professions. Interest in child analysis was developing, and this was a main factor in Jones's invitation to Klein to come to England. In May 1929, Klein was recognized in England as a training analyst, and in October of the same year she joined the Training Committee, a post she held for many years.

In the introduction to *The Freud–Klein Controversies 1941–45* (King and Steiner 1991), Pearl King outlines the background of the British Society and the rapid transformation that occurred when Austrian and German analysts joined it because of the political rise of the Nazis in Germany, the invasion of Austria by Germany, and the imminent likelihood of Britain declaring war against Germany. The arrival of the Viennese analysts in England in 1938 led not only to what have come to be called the Controversial Discussions on psychoanalytic ideas, but also to new developments in the structure of the British Psychoanalytical Society and its relation to other British institutions. Klein and her close associates played a major role in the discussion of ideas. Melitta played a minor and somewhat obstreperous role in the changes in structural arrangements.

Melitta was born in Vienna in 1904 and brought up at first in Vienna, then in Budapest, and finally in Berlin, where she studied medicine and psychoanalysis. In 1924, she married Walter Schmideberg, an Austrian aristocrat, psychoanalyst, and friend of Freud, and she graduated in medicine in 1927. In Berlin, she was analyzed by Karen Horney. There is some disagreement about when the Schmidebergs came to London. According to King, both Schmidebergs moved to London in 1932 (King and Steiner 1991). According to Grosskurth (1986), Melitta came first, in 1928, and stayed with her mother while Walter was still in Germany trying to get a visa; he arrived in 1932.

In England, Melitta practiced analysis, especially child analysis, and she regularly attended meetings of the British Society. At some point, she was analyzed by Ella Sharpe. She wrote many papers, one of which, "The Play-Analysis of a Three-Year-Old Girl," won the Clinical Essay Prize

of the British Society in 1933 and was published the following year. It is worth noting that at this time, 1933, Melitta's ideas were close to those of Klein, and Klein's book *The Psycho-Analysis of Children* (1932) is listed among the references of Melitta's prize-winning paper. (So are two papers by Edward Glover, "On the Aetiology of Drug Addiction" [1932a] and "A Psycho-Analytic Approach to the Classification of Mental Disorders" [1932b].) Melitta eventually became a training analyst, but I have not been able to discover the date.

Relations between Klein and the Schmidebergs appear to have been cordial for a time, although Grosskurth quotes an undated letter from Melitta to her mother in which Melitta states her desire for Klein to show more recognition of Melitta's need for autonomy (Grosskurth 1986, p. 199).

In her book *The Psycho-Analysis of Children* (1932), Klein makes frequent references to Melitta's papers, particularly "The Role of Psychotic Mechanisms in Cultural Development" (1930) and "A Contribution to the Psychology of Persecutory Ideas and Delusions" (1931). In "A Contribution to the Psychogenesis of Manic-Depressive States" (1935), Klein once again refers to Melitta's paper of 1930, and in her subsequent paper on mourning, Klein points out that Melitta has repeatedly drawn attention to the connection between idealization and distrust of the object (Klein 1940, p. 349).[2]

At some point—the exact date seems to be uncertain, but probably in 1933 or 1934—Melitta began to have analysis with Edward Glover, an eminent British analyst who was also politically very powerful. He was scientific secretary of the British Psychoanalytical Society, chairman of the Training Committee, director of the London Clinic of Psychoanalysis, and deputy to the Society's president, Ernest Jones. He was expected to become president when Jones retired. Both he and Jones had held their positions for many years, and there were no rules governing the length of tenure in office.

Glover's attitude toward Klein and her work was initially very positive, as shown in his laudatory review of *The Psycho-Analysis of Children*

[2] I am grateful to Penelope Garvey for drawing my attention to Klein's frequent references to Melitta's work.

(Glover 1933), but this attitude soon changed. Glover himself dates his antagonism to Klein as beginning in October 1934 (Glover 1945). He particularly disapproved of her paper on the depressive position (Klein 1935), although he did not really say why; he described his criticisms only ten years later in "An Examination of the Klein System of Child Psychology" (Glover 1945).

The year 1934 was a time of great tragedy for Klein: the death of her son Hans in a climbing or walking accident in April led to a long period of mourning—for the rest of her life, her son Eric thought. Melitta immediately declared it was suicide, and made a comment on suicide in November 1934 to the British Society:

> Anxiety and guilt are not the only emotions responsible for suicide. To mention only one other factor, excessive feelings of disgust brought about, for example, by deep disappointments in persons loved or by the breakdown of idealizations prove frequently an incentive towards suicide. [Schmideberg 1936]

Perhaps the tragedy of Hans's death and Melitta's hatred contributed to the creativity that produced Klein's groundbreaking paper of 1935 on the depressive position, now generally regarded as the definitive beginning of her new psychoanalytic theory. This was also the view of Klein herself. Riccardo Steiner (King and Steiner 1991) made the important discovery that in the Melanie Klein Archive, and probably dating from 1941, there is a much overwritten and crossed-out letter or draft of a letter to Jones, then president of the British Society, in which Klein says:

> My greatest experience in this [by "this," she means the creative experience that led her to the idea of the depressive position] was *Beyond the Pleasure Principle* and *The Ego and the Id* and what an experience it was. In a smaller way I saw in my own work repeatedly a new light appear and things altered by it. Particularly was this so when I began to understand it in connection with aggression, reparation and the part it plays in the structure of personality and in human life. From there heads a straight road to the insight into depression which so much occupied my mind ever since . . . . I began to understand the origins and contents of depression and of the immense range of human feelings, of the strength of love and hate, sorrow and hope and with it the

> realization of a very rich inner world . . . . But it is an overwhelmingly difficult task to describe this knowledge to others who cannot see it. I think these findings could not have been unworthy to have been made even by Freud, and he would have had the greatness, the strength, the powers to present them to the world. I don't want you to misunderstand me. I am not afraid of fighting against anybody, but I *really don't* like fighting. What I *wish* to do is to let quietly others participate in something I know to be true, important, and helpful, to let them share in it and to teach them if they are willing to learn. I have actually much changed in this respect. I am not any more keen to convince others and to debate. The loss of my son, the grief about my daughter have much contributed to this change . . . . The fact that my daughter is one of my main opponents has a bearing on this wish not to fight . . . . That the former friendly and inspiring cooperation of the group as a whole [meaning the British Society] has changed into the contrary is not only disconcerting, it has taught me much about the difficulties of conveying this work to others so that they may hold on and use it. [King and Steiner 1991, pp. 229-230, italics in original]

This passage helps us understand not only Klein's feeling about her work, but also something of her feeling about Melitta and her own refusal to make any response to Melitta's attacks. In a letter to her supporters after the "Second Extraordinary Business Meeting" of the British Society on March 11, 1942, an occasion when Melitta made a spectacular attack on her mother, Klein wrote:

> From one thing I feel very strongly we must refrain, even though it is quite unfair to ourselves—and that is to make any aspersions or accusations which cannot be at once supported by irrefutable facts, not as they appear to us, but as they appear to the others. That is to say, we seem to have to restrict ourselves to refuting their accusations. And there is even one very obvious fact which I feel quite sure *should not be mentioned*, nor even hinted at by any of us, and that is Melitta's illness. I think it must not even be hinted at by any of us either privately or as an argument in the coming discussions. I am convinced, however true it may be, it will be held against us if it is mentioned. [Grosskurth 1986, p. 297, italics in original]

Eva Rosenfeld, one of the immigrant Viennese, describes the disconcerting experience of watching the interaction between Melitta and her mother at the British Society:

> At the meetings I could only see something quite terrible and very un-British happening, and that was a daughter hitting her mother with words and this mother being very composed, quite quiet, never defending herself, but having such power in that society, being so powerful that it really didn't matter what Melitta said. We knew only that we would be the victims of this quarrel and we were and the society was, and there was no doubt about it. [Grosskurth 1986, pp. 242-243]

THE "EXTRAORDINARY BUSINESS MEETINGS" (1942–1944) AND THE "DISCUSSIONS OF SCIENTIFIC CONTROVERSIES" (1943–1944)

In their comprehensive history of the British Psychoanalytical Society during the period 1941 to 1945, Pearl King and Riccardo Steiner (1991) give a meticulous account of a psychoanalytic society in a time of full war—intellectual war, political war, and military war. On occasion, the warring psychoanalysts had to adjourn to the basement to avoid bombs.

King described in detail the complex structure of the British Psychoanalytical Society in the 1930s and early 1940s (King and Steiner 1991), together with the fact that there was considerable discontent over the fact that senior officers like Jones and Glover occupied many positions simultaneously and had held office for many years; there was also criticism of the way they had handled the public relations of the Society (pp. 9-36). In addition, there was awareness that the newly arrived analysts from Austria and Germany held different psychoanalytic views from those of the British analysts—particularly different from the views of Klein and her adherents. In November and December 1941, these various discontents emerged in three discussions of a paper called "The Psychoanalytic Society and the Public" by a British analyst, Barbara Low (unpublished). Four members—Barbara Low, Melitta Schmideberg, and Adrian and Karin Stephen—then demanded that the Council of the

British Society call an "Extraordinary Business Meeting" to discuss the state of affairs in the Society.

The first Extraordinary Business Meeting took place on February 25, 1942, and, over the next two years, there were seven more. The fifth Extraordinary Business Meeting on June 10, 1942, was particularly memorable. It came to be known as the Armistice Meeting because this was the occasion on which Marjorie Brierley, a senior British analyst, presented her "Armistice Resolution," which led to the design and undertaking of the ten "Discussions of Scientific Controversies" from January 1943 to May 1944.

Melitta thus played an active role in calling for the holding of the Extraordinary Business Meetings; she was particularly vocal in the second of these meetings, held on March 11, 1942. She was much less active in the later (1943) "Discussions Concerning Scientific Controversies," attending only once and sending two written contributions.

The Extraordinary Business Meetings

The first Extraordinary Business Meeting was a general discussion to decide on aims and procedures, and the fact that there were a great many resolutions to be discussed and voted upon. In the second such meeting on March 11, 1942, both Melitta and Glover spoke at length. Melitta accused "the Kleinian clique" of blackballing analysts whom they did not approve of. She stated that Nina Searl, an analyst, gave lectures for candidates, and Kleinian training analysts and full members attended these lectures in order to concertedly attack Searl in the subsequent discussion in front of candidates (King and Steiner 1991, p. 93). She said that she herself had been subjected to attack. She gave the names of other analysts who had been attacked, and of others who did not attend the Society or did not speak because they would be attacked. She continued:

> When Drs. Bowlby and Middlemore brought original contributions, they were unfairly attacked. In the last ten years I heard Dr. A. Stephen take part in scientific discussions only two to three times, Mrs. A. Strachey not once. Mr. Strachey has been patronized or attacked in indirect ways; disparaging remarks

> were systematically spread about Dr. Brierley and Miss Sharpe; serious attempts were made to wreck Dr. Glover's reputation . . . . By the way, Mrs. Klein regretted that the Viennese did not take more part in the activities of the Society; I think Miss Freud will be able to explain why! To sum up: it is sufficient to say that every Member who was not 120 per cent Kleinian has been attacked systematically, directly or indirectly. [King and Steiner 1991, p. 94]

She went on to say:

> No society can exist without a reasonable measure of tolerance. Analysts who believe themselves to be tolerant are in practice less so than any group of people I know, with the possible exception of the Nazis. Some persons have the gift to bring out the best in others. Certain Members seem to have the gift to bring out the worst. [King and Steiner 1991, p. 95]

Melitta continued by giving two examples and then asked, "Now why do the Kleinians go to such lengths to hold or procure analysands? Because they hope to turn analysands into converts" (King and Steiner 1991, p. 96).

Toward the end, she concluded:

> The Kleinians shelter behind ambiguity and vagueness . . . . They lack the most elementary scientific discipline. In a manner somewhat reminiscent of Dr. Goebbels, they try to impress us by repeating time after time the same slogans, by putting forward exaggerated claims and dogmatic statements, by accusing their opponents and intimidating the hesitants, by a constant play on emotions of every sort, instead of presenting and substantiating their theories according to scientific standards. [King and Steiner 1991, p. 98]

Jones, who was chairing this meeting, had not seriously taken issue with Melitta before, but on this occasion, he said, when she finally stopped, "Dr. Schmideberg has really admirably illustrated the difficulty of discussing these matters without personal attacks. The problem is now how to turn it into more profitable work" (King and Steiner 1991, p. 99).

Glover also made a speech at this second Extraordinary Business Meeting, stating at some length that, in his view, the central issue was to discover whether there was a group within the Society whose aim was to use its machinery to increase the group's own influence, to secure influence through committees, and to develop a private organization outside the Society for the purpose of influencing the Society (King and Steiner 1991, pp. 101-103).

Klein was relieved that Jones had tackled Melitta, though regretful that he had not done the same to Glover. It was after this second Extraordinary Business meeting that she wrote to her supporters to say that they should not attack Melitta or mention her "illness." It is hard to imagine what any mother would feel after being subjected to this sort of attack by her daughter. Even the explanation of the daughter's illness could hardly diminish the sense of suffering and catastrophe about oneself as a mother. I have not as yet found any notes in the Melanie Klein Archive that touch on this particular experience of March and April 1942, but the earlier draft or letter to Jones quoted by Steiner and described above helps convey some of Klein's feeling that the seriousness and insight of ideas can give one an understanding that helps one bear such experiences.

At the third Extraordinary Business Meeting on April 15, 1942, Sylvia Payne, the honorary secretary of the Society, made a clear statement aimed at Melitta. She said:

> At the last meeting, accusations of what in law would be called malpractice were made against Mrs. Klein and her immediate supporters. Names of members were used freely without their consent. The charges were grave and in my opinion such charges cannot be made without the liability of libel actions being incurred. [King and Steiner 1991, p. 109]

Payne went on to describe the procedures to be followed by those who would wish to make such charges. After this explanation, Melitta's accusations diminished, or were more judiciously stated. She did not bring formal charges. Also at the third Extraordinary Business Meeting, Riviere gave a long refutation of the statements against Klein made by Glover, Melitta, and Walter Schmideberg.

Later, during the fourth Extraordinary Business Meeting on May 13, 1942, Jones stated:

> In the meeting before last you will remember that Dr. Glover and Dr. Schmideberg read papers discussing the question of the activities of what they call a clique in the Society. In the course of that Dr. Schmideberg made the very remarkable statement that the majority of Members felt themselves ill-treated by that clique. At the opening of the next meeting three members came to me and said that they wished to bring forward evidence to rebut this thing—which they did . . . . This seemed to be our next move: how would the Society prepare to meet a situation in which a great number of Members is accused of browbeating or badly treating others and other Members say that this is quite untrue. [King and Steiner 1991, pp. 133-134]

There was a prolonged discussion of this matter, complicated by a long (and inaccurate) description by Glover of how the Kleinians were dominating the Society through their numbers and their concentration in London—an assertion eventually disproved by accurate figures circulated by Payne (King and Steiner 1991, pp. 193-194). Later, on July 23, 1942, Klein circulated her own rebuttal to Glover's accusations.

At the fifth Extraordinary Business Meeting on June 10, 1942, Marjorie Brierley presented her "Armistice Resolution," which was unanimously accepted. Her terms were:

> (1) That the Society immediately pass a self-denying ordinance in respect of all current charges and counter-charges, and all activities directed against individual Members or groups of Members.
>
> (2) That the Society require all Members to refrain from personal attacks or innuendo in discussion, but also, strongly affirm the right of all Members to complete freedom of speech within the limits of common courtesy. [King and Steiner, p. 174]

There was also a vote in favor of appointing a committee to investigate the issue of tenure of office and the holding of multiple official positions.

The Controversial Discussions

At the Annual Meeting on July 29, 1942, it was decided to allot one meeting per month to the discussion of scientific differences in the Society. A committee consisting of Glover, Brierley, and James Strachey was appointed to organize what came to be formally called the "Discussions of Scientific Controversies," which, under the shorter name of the Controversial Discussions, have become well known—even though the discussions of ideas, the "scientific controversies," were only part of these discussions as a whole. The first topic chosen for presentation and discussion was: "The Role of Introjection and Projection of Objects in the Early Years of Development," and Susan Isaacs was asked to give the first paper.

And so Isaacs came to write her famous paper, "The Nature and Function of Phantasy" (1948), which she discussed with Klein beforehand, and which she presented with her own special clarity to the Society as a whole, discussing and defending it politely and effectively. The Controversial Discussions became well worth listening to, and the backbiting and insults diminished. King's conclusion is that

> . . . there seems to have been general acceptance that Klein's contributions were a valid approach to psychoanalysis, if different in many respects from that of the Viennese, focusing as she did more on object relations than on the vicissitudes of instincts. [King and Steiner 1991, p. 928]

Klein, I surmise, must have become somewhat less worried that Glover was going to be able to get rid of her and her colleagues and their ideas.

As mentioned, Melitta played very little part in the Scientific Discussions; she made two written contributions and attended only once. However, one of her contributions is interesting, and somewhat less vituperative toward her mother than usual. It makes one regret that Melitta's feelings about her mother prevented her from using her capacity to formulate ideas and to link them to observations in a way that might have further developed her mother's ideas—and Melitta's own ideas.

In the third Discussion of Scientific Controversies on February 17, 1943, Melitta said:

> We have, in my opinion, no way of ascertaining what a small infant feels or thinks . . . . [She then lists the sorts of material from which deductions may be drawn:] behaviouristic observations, how infants react to changes of environment, etc., observations of psychotics, defectives and other regressive conditions, deductions from general analytical theory of development, conclusions from the analysis of adults and older children. [King and Steiner 1991, p. 393]

Melitta next describes various observations she herself made of children and the immediate conclusions she drew from them. She says that Isaacs wished to show that babies under twelve months of age have phantasies, which Melitta believes no one will disagree with. But (she goes on to say):

> Mrs. Klein assumes that they have very specific phantasies, and her idea of what these phantasies are has been derived not from observation of babies but from the analysis of adults and older children. If Mrs. Klein wants to convince us, she should give us the analytical material from which she draws her conclusions, and the method step by step by means of which she has arrived at the conclusion. [King and Steiner 1991, p. 394]

She continues:

> To be told "we found in analysis" or "the material proved" is no argument . . . . Children have no direct memories of infancy . . . and the "constructions" made by analysts must be very carefully checked . . . . But it is important to stress that these are only speculations which are difficult both to prove and to disprove. Needless to say it is not possible to observe the unconscious phantasies of babies directly. It is possible to observe their expression of emotions, their actions, etc., but again we must distinguish strictly between such observations and the speculations derived from them. [King and Steiner 1991, p. 395]

It seems that Melitta had little hope of understanding where her mother's ideas came from—a flash of intuition, a sudden awareness of

love and hate at the same time, a realization in 1955 of a new understanding of something she had observed in Erna in 1926 (Frank 2009). But what if Klein's imagination had been combined with Melitta's logic and careful observation: how much more systematic her work would have been, how convincing her arguments, how systematic her presentation of evidence. But there could never have been a way that Melanie's thinking and Melitta's thinking could even have come close to mutual understanding, and certainly not to mutual admiration.

AND WHAT OF GLOVER?

Glover appeared to admire Klein's work up until her depressive position paper, which she gave orally in 1934 and 1935, and published in 1935. She had written many papers in the 1920s, but this one was clearly different: it was a statement of a new theory of mental development. Glover never explicitly recognized this except through his dislike of the paper. Melitta disliked it, too, as she stated in "'After the Analysis . . .'" It is thanks to Riviere, Isaacs, Payne, Strachey, Grosskurth, and to King and Steiner that we know how much Melitta and Glover hated the paper, Klein herself, and the other Kleinians. It is difficult to avoid the idea that both Melitta and Glover were smitten by envy—here was this preposterous woman, Melanie Klein, having an idea of her own when they had not—although I am sure that the envious feeling did not appear to them in that form. All they knew was that the idea was wrong, and that Klein was their enemy.

Glover seemed to think that he had a mission to save the British Society and British psychoanalysis from Klein. It is hard to know why he saw her as such a threat, and indeed his view of her as threatening seemed to give her and her colleagues a power that they would not otherwise have had—although they certainly were not aware of this at the time. It seemed clear at the beginning that Glover's position was utterly secure, that he would succeed Jones and would have the same sort of long-term tenure and multiple office-holding that Jones had enjoyed.

But Glover behaved badly during the Extraordinary Business Meetings, making statements about Klein's supposed power that were demonstrably not true. Melitta's unbalanced behavior cannot have helped his

cause. Then he chaired the Discussions of the Scientific Controversies during which Isaacs's paper on phantasy was presented and discussed at length, and King says that Isaacs was "informed by some Members who were present at these meetings that Glover did much to alienate himself from the more moderate Members of the Society by his partisan chairing of these meetings" (King and Steiner 1991, p. 224). Glover tried to secure Anna Freud as a political ally, but she behaved very correctly, in spite of her disapproval of Klein's ideas.

But perhaps the most revealing exposure of Glover's failure to realize the changing position of the Society occurred in connection with the discussion at the Annual Meeting of the Society on July 21, 1943, concerning the possible appointment of a medical committee and a child welfare committee (King and Steiner 1991, pp. 476-500). W. H. Gillespie and John Bowlby gave an almost impassioned presentation of the failure of the British Society to grasp the fact that society generally, and the structure of medicine and provisions for children in particular, was going to change, was in fact already changing. Bowlby said:

> We find ourselves in a rapidly changing world and yet, as a Society, we have done nothing, I repeat nothing, to meet these changes, to influence them or to adapt to them. That is not the reaction of a living organism but of a moribund one. If our Society died of inertia it would only have met the fate it has invited. But there is no reason for this ignorance and inertia and incoordination to continue. [King and Steiner 1991, pp. 489-490]

The resolution of Gillespie and Bowlby that the Society should establish a Medical Committee was unanimously accepted, and a secret ballot was taken, according to which the following members were elected to serve on the Medical Committee: Bowlby, Gillespie, Payne, A. Stephen, Glover, Donald Winnicott, and John Rickman. In referring to this election, King and Steiner (1991) say:

> At the AGM in 1943, in the election of members for the Medical Committee, Sylvia Payne received the most votes and Glover the least (according to an informant). This meant that if he had to stand against her in an election for the President of the Society, she would probably be elected. [p. 869]

This was supposed to have been a secret vote, and one cannot help wondering who the mysterious "informant" was.

In a letter to Payne on January 24, 1944, which was read to members at the sixth Extraordinary Business Meeting on February 2, 1944, Glover said: "Following the Annual Meeting of 1943, I decided to resign my office and membership, and was induced to postpone the decision only on urgent representations from certain members of the Society." In fact, he resigned in January 1944. It looks as if his view of the situation was that if he could not be president of the Society, there was no point in belonging to it at all.

During this sixth Extraordinary Business Meeting, Melitta repeatedly asked the members to discuss the significance for the Society of Glover's resignation from the Society and Miss Freud's resignation from the Training Committee, but nobody seemed to hear her. They were taken up with the fact—which to Melitta was a very minor issue—that Glover had attacked the use of selection tests by army psychiatrists (four of whom belonged to the Society) in a popular periodical. Eventually, at the seventh Extraordinary Business Meeting on February 23, 1944, a resolution was passed to ask Glover to issue a statement to the "medical press," stating that his views on army psychiatrists and selection were personal and did not represent the views of the British Psychoanalytical Society as a whole.

The eighth Extraordinary Business Meeting on March 8, 1944, was devoted to a discussion of the Training Committee's final report, including Glover's comments on the first draft. On voting, the (preliminary) report was carried. Michael Balint suggested that the Training Committee should consider a new system of training, which was seconded by Low and carried. A proposal by Balint to limit tenure of office to two years was seconded and unanimously carried, to be put on the agenda for the annual meeting.

Finally, Payne read Glover's letter replying to the committee's letter about army psychiatrists and selection; he refused to comply with the Society's suggestion, saying it was already clear that his views were his personal opinion. He wrote, among other things, "In my opinion the only reason the Society has for being apprehensive about the future is that it is now in effect committed to the Klein deviation from Freudian psy-

choanalysis." And he concluded his letter by saying: "As an independent Freudian I am under no obligation whatsoever to a Society from which I have resigned because I no longer regard it as a Freudian Society" (King and Steiner 1991, p. 894).

Payne said it was difficult to make any particular suggestion, but she thought it important not to continue any conflicts more than could be helped. Bowlby said that the fact of Glover's resignation was known, the damage would be healed, and he thought it would be a waste of time to continue in this vein. Melitta said other members should not feel that such statements were made merely out of consideration for Glover. She added that the resolution proposed by Franklin and Carroll would still stand. Payne said that these resolutions could be put forward some other time and need not be connected with this situation. Melitta said they would still stand unless withdrawn, but Payne felt they were replaced by Wilson's resolution. Payne went on to ask, "Would Bowlby's proposal mean that Glover should be notified that—," but Balint interrupted with "Does it mean that Bowlby wants to drop his resolution?" "Yes," Bowlby replied, and Balint said, "Then I want to support this," and the meeting ended.

POSTSCRIPT

And so also ends any reference to Melitta in the following meetings. She went to New York in 1945, having separated from her husband, and, like Glover, she devoted herself to the study of delinquency. She returned to London in 1961 (after Klein's death in 1960) and resigned from the British Society in 1962. She died in 1983. Today she is hardly remembered by the members of the British Society, except by the few who are interested in the Society's history or the early development of Kleinian thought.

Jones retired in 1944 and, as expected, Payne was elected president. Payne made a very concerted and successful effort to persuade Anna Freud to return to the Society and to work out terms by which training in the Society could continue. In addition, the Society devised an unwritten "gentlemen's agreement," according to which all important committees should contain representatives of all three "groups": the "B Group," as

Anna Freud and her colleagues came to be called; the Kleinians; and the "Independents" or "Middle Group." This agreement continued until 2005, when a general discussion was held and the conclusion reached that it was no longer necessary to follow the terms of this agreement so closely.

On one occasion, Payne said to Glover: "You worked for a split and I worked for a compromise." He disagreed, of course. But, as King says of Payne: "It is largely due to her that there is only one psychoanalytical society in Britain today" (King and Steiner 1991, p. xviii).

REFERENCES

Frank, C. (2009). *Melanie Klein in Berlin: Her First Psychoanalyses of Children.* London: Routledge.

Glover, E. (1932a). On the aetiology of drug addiction. *Int. J. Psychoanal.,* 13:298-328.

——— (1932b). A psycho-analytic approach to the classification of mental disorders. *J. Mental Sci.,* 78:819-842.

——— (1933). Review of *The Psycho-Analysis of Children,* by M. Klein. *Int. J. Psychoanal.,* 14:119-129.

——— (1945). An examination of the Klein system of child psychology. *Psychoanal. Study Child,* 1:75-117.

Grosskurth, P. (1986). *Melanie Klein: Her World and Her Work.* New York: Alfred A. Knopf.

Isaacs, S. (1948). The nature and function of phantasy. *Int. J. Psychoanal.,* 29:73-97.

King, P. & Steiner, R., eds. (1991). *The Freud–Klein Controversies 1941–45.* London: Routledge.

Klein, M. (1932). *The Psycho-Analysis of Children.* London: Hogarth/Inst. of Psychoanal.

——— (1935). A contribution to the psychogenesis of manic-depressive states. *Int. J. Psychoanal.,* 16:145-174.

——— (1940). Mourning and its relation to manic-depressive states. *Int. J. Psychoanal.,* 21:125-153.

Low, B. (unpublished). The psychoanalytic society and the public. Minutes of British Psychoanalytical Society, November to December 1941.

Schmideberg, M. (1930). The role of psychotic mechanisms in cultural development. *Int. J. Psychoanal.,* 11:387-418.

——— (1931). A contribution to the psychology of persecutory ideas and delusions. *Int. J. Psychoanal.,* 12:331-367.

——— (1934). The play-analysis of a three-year-old girl. *Int. J. Psychoanal.,* 15:245-264.

——— (1936). A note on suicide. *Int. J. Psychoanal.*, 17:1-5.
——— (1938). "After the analysis . . ." *Psychoanal. Q.*, 7:122-142.

20 Achilles Road
London NW6 1EA
England

e-mail: espillius@googlemail.com

Volume LXXVIII, Number 4

COMMENTARY ON MELITTA SCHMIDEBERG'S "'AFTER THE ANALYSIS . . .'"

BY ROSEMARY H. BALSAM

Keywords: Kleinians, Freudians, Controversial Discussions, British psychoanalysis, narcissism, therapeutic action, analytic process, termination, countertransference, history of analysis.

"'After the Analysis . . .'" was written in 1938, but its contents are timeless. It is a bracing mix of psychoanalytic wisdom, frankness, practical realism, clinical experience, cynicism, empathy, analytic understanding, and a weary worldliness, tempered by a dash of fellow-feeling toward analysts about the considerable number of patients who expect far too much of analysis. Not only do patients fall prey to this phenomenon, Schmideberg says, but analysts do, too.

In 1938 London, in the atmosphere of sharp theoretical and personal disagreements building within the British Psychoanalytical Society, between the English branch and the Viennese branch of the psychoanalytic movement (otherwise known as the Kleinians and the Freudians), this paper written by Melanie Klein's only daughter seemed shockingly anti-Kleinian.[1] Schmideberg read it first in the British Society in 1937, and it was heard as a direct attack on her mother. Such theoretical disagreements, augmented by the voices of the Continental analysts—and especially that of Anna Freud, who fled Vienna for London in 1938—fi-

[1] In a letter to James Strachey dated March 1937, Joan Riviere wrote: "Melitta read a really shocking paper . . . personally attacking 'Mrs. Klein and her followers' and simply saying we were all bad analysts—indescribable" (Grosskurth 1986, p. 229).

Rosemary H. Balsam is an Associate Clinical Professor of Psychiatry at Yale Medical School and a Training and Supervising Analyst at Western New England Institute for Psychoanalysis.

nally led to the famed Freud–Klein Controversies of 1941–1945 (King and Steiner 1991).

In 2009, many of Schmideberg's ideas are still provocative and challenging, and can be seen as prescient in a variety of ways. It is all much less shocking given the evolution of psychoanalysis since then, especially in the United States.

Schmideberg was then only thirty-four years old and, especially when compared to her mother, was writing exceptionally clearly and fluently in English, her fourth language.[2] She sounds twenty years older in her readiness to categorize this or that "type of patient" (p. 1127),[3] but by her own later admission, she had already "spent a large part of my life under the shadow of psychoanalysis [even] at the precocious age of fifteen . . . [having] attended meetings of the Hungarian Psycho-Analytic Society by invitation of its president . . . Dr. S. Ferenczi" (Schmideberg 1974, p. 123). He was her mother's first analyst. Such was the hothouse of training to become an analyst in Freud's era, when the early analysts freely involved and analyzed family members, analyzed their own and each other's children, and wrote and translated papers in collaboration with each other. Those were the days before awareness dawned about the deleterious impact of such arrangements on the evolution of identity.

Analysands who expect a great deal from psychoanalysis are probably much like people from at least as far back as Aristotelian times, who, like Aristotle himself, were preoccupied with what it takes to "lead the good life." Allan Bloom (1974), during a period of marked social turmoil in the United States, attacked the ignorance of the young and the educational institutions that had taught them by noting: "The golden thread of all education is . . . how should I live? What's the good life?" (Bloom interviewed by McWhirter 1988, p. 74). And Christopher Lasch (1978), in his irritable social commentary, scolded:

> The prevailing attitude, so cheerful and forward looking, derives from a narcissistic impoverishment of the psyche and also from an inability to ground our needs in the experience of satisfaction

[2] Prior to learning English, Schmideberg spoke German, Hungarian, and Slovak.

[3] *Editor's Note:* In this article, page numbers from Schmideberg 1938 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1938.

> and contentment. Instead of drawing on our own experience, we allow experts to define our needs for us and then wonder why those needs never seem to be satisfied. [p. xvii]

He sounds rather like Schmideberg!

Throughout this paper, Schmideberg's tone oscillates from sharp and sardonic to astute, reasoned, and level-headed in her pleas for moderation. I will indicate these swings, interpolate my opinions about her ideas, and offer speculation on her tonality, based on secondary historical sources about this tense time in the British Psychoanalytical Society.

Some patients, Schmideberg says, are reasonable in their expectations of analysis, but others think that, after they have been "'fully analyzed,' . . . [they] will . . . be blissfully happy . . . superhumanly unbiased, . . . [and] free from aggression" (p. 1127). With less acid and more empathic understanding, she says in the next paragraph that, from an unhappy child's perspective, being an adult seems like finally reaching a state of perfection, never making mistakes.

Moving from unconscious fantasies[4] to conflicts and motives for staying ill, she mentions a guilty reaction to a "greed for happiness" (p. 1129), as symbolized by sharing food with siblings and controlling greed. She tells about a patient who needed to stay ill in order to satisfy his unconscious guilt and create self-punishment for his having failed to recommend analysis for a rival who needed psychological help. She emphasizes "querulous demands" as a defense against guilt: "He feels that the analyst demands a standard of health which he can as little live up to as to the moral standards set by his parents" (p. 1129).

In her case examples and dynamic descriptions, Schmideberg is less sweeping than in her opening characterizing generalizations. Clinically, she seems poised, empathetic, and even tender in her clinical grasp of the inner life of these individuals. She uses classical Freudian concepts, such as structural theory, superego, regression, ego conflict, and defense. Apt concerns about negative therapeutic reactions are employed here. A dash of Klein lingers—e.g., a vivid orality that is more in tune

[4] Schmideberg spelled *fantasies* with an *f* to express the Continental preference and to distinguish it from *phantasies,* a term popularized by her mother and her followers, which carries a special imaginative meaning (see Hayman 1989).

with Schmideberg's earlier, more Kleinian slant (see Schmideberg 1930, 1935).

One wonders whether Schmideberg's hidden childhood complaints were reprised in her clinical sense of querulousness that may conceal guilt about disappointing a parent's high expectations. Perhaps she had less than happy memories from the days of her own analysis with her intense mother (Grosskurth 1986), who was so appetitive to analyze her children to better mental health. Or we may be seeing an echo of misery here on behalf of Schmideberg's younger brother Hans, also analyzed by Klein, who had a fatal mountain accident in 1934; Schmideberg claimed that this was a suicide, much to her mother's consternation.[5] This emotional battle between mother and daughter, possibly over Hans's *unconscious* intent, was, interestingly, rather typical: torturing each other by conscious or unconscious guilt-provoking communications seemed to be a family trait.[6]

Schmideberg then focuses on narcissism by shrewdly noting the sense of defensive grandiosity expressed by patients who claim to be "the stupidest person on earth" (p. 1130). She describes the need of this defense as stemming from "terrifying ideas of grandeur which carry with them the danger of losing hold on reality" (p. 1130). Side by side with these discerning clinical comments, her scolding passion breaks through the text, aimed directly at the reader (or the British Society): "You will . . . [observe] I am using the term 'narcissism'. . . that has practically disappeared in recent years from the vocabulary of English analysts" (p.

[5] Frank (2009) has recently questioned Grosskurth's (1986) belief that both Schmideberg and her brother Hans were actually analyzed by Klein. On the basis of her research of previously unpublished materials, Frank maintains that only Klein's analysis of her son Eric is an absolute certainty.

[6] It was after Hans's death in 1934 that severe public hostilities broke out between daughter and mother. These often took the form of clinical and theoretical disagreements voiced by Schmideberg and Edward Glover in the British Psychoanalytical Society. The fights were also staged in theoretical papers that likely, in a veiled way, concerned Hans's death. For example, Klein examined suicidal impulses in "A Contribution to the Psychogenesis of Manic-Depressive States," which she presented at a conference in 1934 and subsequently published (Klein 1935), while Schmideberg retaliated at the British Society with a communication on how suicidal feelings could come about through collapsed idealizations of loved ones (Grosskurth 1986, p. 215).

1130). Continental analysts once treated all narcissism as primary, she avers—by implication, taking it too far in one direction—but now "English analysts . . . go to the other extreme and . . . regard it . . . as . . . secondary" (p. 1130). Too much is made, she declares, of "introjected objects"—a major preoccupation of her mother, of course—as the sole mechanism in primary narcissism.

Schmideberg says that this overemphasis misses defensive compensatory states, and even guilty defenses against narcissistic pleasure in the body. This was fighting talk in the presence of her mother and other "English" (meaning Kleinian) analysts, given Klein's demands for theoretical agreement as a sign of loyalty to her cause,[7] and her groundbreaking papers on the paranoid-schizoid and depressive positions (e.g., Klein 1935), based in the first months of infancy. Schmideberg, though, expresses no more here than the same criticism I and many others have had about the limitations of Kleinian theory in shortchanging mental representations of the sensitivities and subtleties of bodily experience (Balsam 1996).

Schmideberg's view of analysis as a retreat to blissful childhood is very much in tune with Freud's (1914) famous characterization of "His Majesty the Baby" (p. 91). Her tone, though, continues to be overly emphatic about people who cannot bear any pain[8]:

> He prefers analysis to ordinary everyday methods just as, from guilt over his wish for independence, he had to prefer his parents to ordinary people or other children . . . . [He wishes that] no decision will ever cost pain. To justify these absurd demands he proceeds to exaggerate his real difficulties . . . to prove that they are neurotic and therefore curable. [p. 1131]

[7] "Like Freud, . . . [Klein] demanded undivided loyalty. Like Freud she could be ruthless in casting off those who expressed doubts" (Grosskurth 1986, p. 216).

[8] Consider the possibility of Schmideberg's identification with her mother's characterologically equal proclivity for certainty and dismissiveness. In the biographical play *Mrs. Klein* (Wright 1988), viewed by some in London who remember the figures as reasonably accurate in tonality, the author has Melanie, in a heated argument behind closed doors, saying that it is not "her daughter" she has problems with, but "Dr. Schmideberg," to which Melitta replies acidly that she is indeed Dr. Schmideberg! Klein shouts back that she indeed is "Melanie Klein." The clash was between two powerful women.

"*Denial through exaggeration,*" Schmideberg states—in italics, to express her vehemence—"seems to me an important *defense mechanism*" (p. 1131). When she talks about Freudian ego operations, I believe she thinks it is likely that she is not going to be heard at all, let alone sympathetically.[9] I read her increasing shrillness as a sign that "joining the conversation" (as Freud would say) of her discussion is an added tension, such as her own conflicts about the pain of her struggle for independence from Klein.

Having shared her mother's home in London since about 1927—and therefore remaining somewhat dependent on her—Schmideberg moved out in 1932, when Walter Schmideberg, her husband of eight years, was granted permission to immigrate to England from Berlin. The young couple then settled into their new place. Just after that, Schmideberg ceased her analysis with Ella Sharpe (who was originally a follower of Klein, but who eventually changed her allegiance to the Middle Group) in order to enter a new analysis with Edward Glover that same year. It was known that Glover, as her analyst, was helping her deal with discomforts in her dependence on her mother. Her struggle was documented by a kind of declaration of independence in a letter to her mother in 1934, which poignantly stated her wishes for more freedom.[10]

Exaggerated independence expressing a denial of dependence, then, was probably a charged topic for Schmideberg. It is tempting to think that she may have longed for a less emotionally charged and cooler theoretical discourse, such as that provided by ego psychology—one that would be less primitive and disturbing for her than an immediate con-

[9] Schmideberg was known to shout in meetings on occasion, and once stamped her foot and walked out. Grosskurth (1986) quotes Eva Rosenfeld's description of some of these "quite terrible" meetings: "[There was] something very un-English [about their interactions] . . . . A daughter hitting her mother with words . . . and this mother very composed, quite quiet . . . being so powerful that it really didn't matter what Melitta said. We knew only that we would be victims of this quarrel" (pp. 242-243). Klein and her supporters, dressed in black, frequently sat together on one side of the room. It was left to her supporters to directly verbally tackle Schmideberg's and Glover's assertions.

[10] "I told you . . . nothing causes a worse reaction in me than trying to force feelings into me . . . . I have my own life, my own husband; I must be allowed to have interests, friends, feelings and thoughts which are different or even contrary to yours. I do not think that the relationship with her mother, however good, should be the centre of her life for an adult woman" (Schmideberg to Klein, as quoted in Grosskurth 1986, p. 199).

centration on the fulfillment, or lack, of her own mother's breast. Consider that she was first "analyzed" by Klein when she was a young teen and close to puberty. Klein, with Karl Abraham's blessing, was insistent on "going deeper," as she conceived it—and thus more intrusively—in order to relieve deep anxiety. How agonizing for this daughter in her adolescence: struggling with her parents' discord and divorce, trying to think about her father (see footnote 12) while being analyzed by this analytically intrusive mother (herself the ambivalent daughter of a difficult woman, Libussa). Though Schmideberg went through periods of total loyalty to her mother, such as after her parents' divorce, she also showed a marked need to rebel when seeking emancipation.

Later on in "'After the Analysis . . . ,'" Schmideberg goes off into a Christian fantasy about patients protesting their exclusive love for analysis as a cover-up for "profound unbelief" (p. 1132). Those who look for "atonement, a cleansing process" in analysis, and those who proselytize about analysis with intolerance, talk of "accepted analytic doctrine," or who idealize other analysts as better than their own, are looking down on their analyst. One wonders here regarding the Christian imagery, about a disguised reference to her mother's attitudes about her own theories, and jabs at acolytes like Paula Heimann, the student whom Klein seemingly took as a replacement daughter for her[11]—given also that Schmideberg and Glover ultimately criticized the Kleinians for causing problems in the analytic society by crusading about their theories. "Members get up and declare with shining face their faith and conversion, in a manner reminiscent of the Salvation Army," Schmideberg once stated wickedly (1942, p. 96).

Yet once again, she becomes empathic when she returns to the vision of the individual patient trying to be an "ideally good child" (p. 1133), and she notes that his attitude toward himself is as intolerant as his parents once were toward his naughtiness. Schmideberg's clinical wisdom and compassion emerge again in her ego-oriented theory, and as a good analyst, she is quite recognizable. A nice case vignette follows, showing a woman's denial of any form of personal weakness. This was interpreted

[11] Heimann was cast as Klein's replacement daughter by Schmideberg herself, by Klein's biographer Grosskurth (1986), and by the author of the play *Mrs. Klein* (Wright 1988).

by Schmideberg as anxiety about helplessness that reminded the patient of being at the mercy of her unsympathetic mother. Schmideberg sensitively interprets the patient's fear of illness as an identification with her unhappy father, which was frightening because of oedipal implications. Here she is also showing a role for the father—which was missing, she felt, in Klein's work.[12]

As she did earlier in a paper on narcissism (Schmideberg 1930), she shows that masochistic states, too, can be defensive. Fantasies of saving the world, she says, can be compensations for paranoid anxieties. Again, she is showing that Klein's paranoid-schizoid position is not necessarily the only truth about paranoia in town! There are gems of psychodynamic understanding here that have abided over time on this side of the Atlantic, hidden behind some of the fervor of the author's complaints about Klein. For example: "It is sometimes pathetic to watch the efforts . . . [that some patients] make to appear 'normal'. . . and how relieved they feel when they are allowed again to experience anxiety" (p. 1135). Interestingly, perhaps acceptable to her as part of a theoretical working-through process, a helpful aspect of her mother's technique in valuing the more disturbed parts of patients seems here to be integrated into Schmideberg's own outlook.

Schmideberg's prescription for therapeutic progress, then, is for a patient to "become more realistic . . . able to tolerate his symptoms . . . [and] like himself as he is" (p. 1135). She believes that the core of analysis, for some patients, is addressing the need for idealization. Given Gray's (2000) contemporary work on this topic, one is far from shocked these days by this as a useful criterion for a successful analysis.

The most powerful and original portion of "'After the Analysis . . .'" addresses the analyst's (as opposed to the analysand's) idealizations. Schmideberg briefly hides behind Glover's insight about patients echoing their analysts' countertransferences as a bridge to her own compelling ideas. (It is not clear whether Schmideberg was actually still in analysis with Glover at the time she wrote this paper, or if they were "just colleagues" by then.) Her brilliant, prescient statement is here breathtak-

[12] Grosskurth (1986) noted that, at a meeting of the British Society, Schmideberg "shouted [at Klein], 'Where is the father in your work?'" (p. 214).

ingly contemporary in its appreciation of intersubjectivity: "Every patient has his favorite defense mechanism and in the countertransference each analyst uses a defense system of his own" (p. 1135).

In writing about how analysands are influenced by their analysts, she says:

> There is no reason why mechanisms of projection and introjection should not play as great if not a greater part [in the interaction of the analytic couple] . . . . The introjection type . . . may also lead to unnecessary prolongation of analysis. If the analyst has a form of starvation anxiety, a fear of being deserted, or the dread that the patient may become a permanent "bad object," he will retain (swallow) the patient and find it difficult to discharge (disgorge) him. [pp. 1135-1136]

This was presumably a way of turning the tables on Klein—of using Klein's own theory to point out a weakness of the long analyses in her practice, as Schmideberg and Glover saw them.

In debunking notions of psychoanalytic "cure," Schmideberg grumbles in a fashion that is again prescient of the last twenty years or so, about how we are concerned with writing papers on the therapeutic effects of analysis, but less interested in what truly counts, such as long-term follow-up studies about success and failure. A consummate pragmatist, she opines, "Therapeutic results improve with increasing knowledge but . . . they do not improve in the same proportion" (p. 1137).

While she agrees that the analysis of the unconscious is important, still, "the human relationship to the analyst which remains unaffected by any increase in our knowledge is certainly no less an important factor" (p. 1137). This, too, foretells the future—e.g., in research on the patient–analyst match (Kantrowitz 1995).

Schmideberg expresses herself forcefully against analysands spending every penny they have on analysis while denying themselves, say, new clothes or going to the movies. In such cases, inhibitions against pleasure will be all the more difficult to analyze, including counteracting the impact of harsh parents who pressed for overfrugality, criticizing their offspring for so-called "selfishness." She inveighs against analysts who threaten patients with dire relapses should they wish to stop treatment.

She also criticizes attempts to establish a focus, or purposefully to restrict analysis to counteract these tendencies. Thus, she makes a reasoned appeal for balance in thinking about ending treatments.

Schmideberg lists the many ways that analysts hold onto their patients. Renik's (2006) critique of psychoanalysis—much more radical, of course—would support her here. She protests against analysts who somehow need long analyses to prove that analysands are "thoroughly analyzed" (p. 1138). However, I think she loses her basic good sense when she fails to discuss the importance of working through in an analytic process, including threats to interrupt; thus she deals with termination too much like a battle of wills, tempered only by psychopathology. She is also against analysts who believe that they are effecting radical changes in the unconscious. Pithily, she writes that the changes we can make are "comparable . . . with those one might make in the sea by taking a few spoonfuls of water from it" (pp. 1140-1141)!

One could never fault Schmideberg for disrespecting the power of the unconscious or the psychic apparatus—a virtue that she surely also owes to the influence of her mother's wisdom. Schmideberg strongly opposes some analysts' insistence that a patient must go through depression in treatment, in order to have confidence that the analysis is deep enough (a position that many non-Kleinian analysts disapproved of also, and surely a further salvo against her mother's so-called "deep" analysis). In addition—and justifiably—she disagrees with the then very confusing Freudian criteria for ending treatment, based, she presciently believes, on the fundamental underlying uncertainty of the theory of psychosexual development—i.e., the judgment that the patient is cured once and for all when he has reached the so-called genital phase. This latter complaint has been made by many contemporary analysts who write about the termination phase.

Schmideberg's own criteria for judging an adequate analysis are much gentler. She looks not for the disappearance of familiar defense mechanisms, but to their "function[ing] in a more even and harmonious way" (p. 1140). In this regard, she might have appreciated the end of Loewald's famous paper on therapeutic action (1960), in which he quotes a 1910 letter from Freud to Ferenczi, as follows:

> When someone brings out his infantile complexes he has saved a part of them (the affect) in a current form (transference). He has shed a skin and leaves it for the analyst. God forbid that he should now be naked, without a skin! [Freud quoted by Loewald 1960, p. 33]

In appealing for perspective, Schmideberg shows an analytic poise and a knowledge of people and their motivations that are outstanding for such a young analyst. Many of her arguments about the vicissitudes of analytic practice would be greeted with recognition and even admiration these days. According to how flawed we feel ourselves, she observes, we will wish for yet more perfection in the patient—as with our children. "Such superego pitfalls are especially great in training analyses" (p. 1141), she warns wisely. One would think that, as a profession, she says (sounding like a contemporary analyst writing a blog on the bulletin boards of the American Psychoanalytic Association), we might have developed more tolerant attitudes, yet we are no different from any other profession. Being analyzed is no guarantee of being an ideal parent—a bitterly personal but generally accurate note.

However, Schmideberg writes moderately too: "We can legitimately expect . . . that a person who has been successfully analyzed will have a better relation to his child than before he was analyzed" (p. 1142). She tackles the analyst's apparently even-keeled responses to a patient and warns that this is "not necessarily a sign of genuine tolerance" (p. 1142). But she thinks that most patients can penetrate behind these masks and see the truth—a feature that links with many successes and failures of psychoanalysis. Given all of the interest in the 1990s in questioning anonymity and discussions of self-disclosure in our field, Schmideberg was here again in touch with the future.

It is not the aim of an analysis to "remove every manifestation which might be regarded as a 'symptom'" (p. 1143). "We should not be too exacting" (p. 1141). We are not creating "a class of supermen" (p. 1145) who have been analyzed. The patient "should live his own life and conform to his own ideals and not to those of the analyst," she declares (p. 1144). With great spirit, Schmideberg seems to be addressing the entire profession, not just her mother (possibly in healthy competition with her

mother?). At the time and in context of the novelty of psychoanalysis, this kind of statement was likely heard negatively as dour preaching and nay-saying.[13] Caring and sensible, she feels that our job is to relieve suffering, that "every form of therapy, analytic or non-analytic, that relieves suffering is valuable"; to be free, easy, and natural, to be "just like anyone else" (p. 1145), is the best result of analysis.

In summary, this is a passionate, insightful, eloquent, if at times acerbic paper that speaks widely to the psychoanalytic profession and the future of its practice (perhaps unwittingly so), reaching beyond the bitter conflict of the moment in the 1938 British Psychoanalytical Society, and beyond the immediacy of the burning controversy of mother and daughter. Her ideas address pitfalls in the interactions of the analytic couple that can complicate the aims of an analysis and divert the goals to unrealistic heights of grandiosity. Schmideberg was talking about how one can judge the ending of an analysis before the concept of "termination" had been delineated; in fact, her concerns must have spurred the earliest writings on the topic, such as Hoffer's (1950), as well as subsequent work in this area (see the history in Novick 1990).

Schmideberg's focus on narcissism in both patients and analysts, as a collusive, malign co-creation, was more than a veiled blow at her mother and her acolytes, and it was expressed in a novel and intersubjective fashion. The line of attack, for her, was directed at the intuitively pronounced depressive and paranoid-schizoid positions as *the* key mechanisms concerning how the mind works—risking for her and the Continental analysts a diminution of the importance of ego conflict, defense, and empiricism, favored by a Freudian, structural point of view. Schmideberg's vociferous battle likely aided and abetted, however uncomfortably, the more balanced analytic outlook that was achieved in London after the controversy. It may also be that her fight with her mother and Glover's input may not tell the whole story of the influences on this paper. The vehemence with which Schmideberg attacked Kleinian brainwashing tendencies, for example—as she perceived them—may have been affected by her sensitized antennae, sharpened by her

[13] "Members recall her [Schmideberg] as intense and humorless. While she looked unusually young for her age, she was tense and dogmatic" (Grosskurth 1986, p. 213).

reaction to the rise of Nazism, to which she had, after all, more recently than her mother lost her home and country.

Other factors seem to me to have contributed significantly to Schmideberg's unease with her mother's creative theory making. For example, she had a quite different professional background from that of her mother: importantly, her medical training, and her very early days in Berlin as a psychoanalytic candidate, however brief, alongside Karen Horney (her second analyst after her mother) and Helene Deutsch, among others. Influences such as these may have created an intellectual nidus for her differences: her interest in childhood and adulthood narcissism, in the body, and in scientific evidence; her taste for debunking the fantastic (which she shared with Horney); her interest in a patient's barriers to being helped; and her own work with herself that strikes a postmodern note in the effort to tolerate an analytically subtle, nonmedical, and noncurative outcome to analysis.

An afterword to "'After the Analysis . . .'" is Schmideberg's profound disillusionment, ultimately, with psychoanalysis, psychoanalysts, and psychotherapists, which she described in print (1974). Devoting herself to practical but also quite inspired psychiatric and psychodynamic work with delinquents and writing about it became her greater passion and fascination. The rift with her mother never healed.

REFERENCES

Balsam, R. H. (1996). The pregnant mother and the body image of the daughter. *J. Amer. Psychoanal. Assn.,* 44(suppl.):401-427.

Bloom, A. (1974). *The Closing of the American Mind.* London: Routledge.

Frank, C. (2009). *Melanie Klein in Berlin: Her First Psychoanalyses of Children,* trans. S. Leighton & S. Young, ed. E. Spillius. Hove, UK/New York: Routledge.

Freud, S. (1914). On narcissism. *S. E.,* 14:73-103.

Gray, P. (2000). On the receiving end: facilitating the analysis of conflicted drive derivatives of aggression. *J. Amer. Psychoanal. Assn.,* 48:219-236.

Grosskurth, P. (1986). *Melanie Klein: Her World and Work.* London: Hodder & Stoughton.

Hayman, A. (1989). What do we mean by "phantasy"? *Int. J. Psychoanal.,* 70:105-114.

Hoffer, W. (1950). Three psychological criteria for the termination of treatment. *Int. J. Psychoanal.,* 31:194-195.

Kantrowitz, J. L. (1995). The beneficial aspects of the patient–analyst match. *Int. J. Psychoanal.,* 76:299-313.

King, P. H. M. & Steiner, R., eds. (1991). *The Freud-Klein Controversies, 1941–1945*. London/New York: Tavistock.

Klein, M. (1935). A contribution to the psychogenesis of manic-depressive states. *Int. J. Psychoanal.,* 16:145-174.

Lasch, C. (1978). *The Culture of Narcissism.* New York: Norton.

Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.,* 41:16-33.

McWhirter, W. (1988). A most uncommon scold [interview with Allan Bloom]. *Time,* Oct. 17, pp. 74-76.

Novick, J. (1990). Comments on termination in child, adolescent, and adult analysis. *Psychoanal. Study Child,* 45:419-436.

Renik, O. (2006) *Practical Psychoanalysis for Therapists and Patients.* New York: Other Press.

Schmideberg, M. (1930). Psychotic mechanisms in relation to the development of civilisation. *Int. J. Psychoanal.*, 11:387-418.

——— (1935). The psycho-analysis of asocial children and adolescents. *Int. J. Psychoanal.,* 16:22-48.

——— (1938). "After the analysis . . ." *Psychoanal. Q.,* 7:122-142.

——— (1942). Paper read at the second extraordinary business meeting. In *The Freud-Klein Controversies, 1941-1945,* ed. P. H. M. King & R. Steiner. London/New York: Tavistock, 1991, pp. 92-99.

——— (1974). My experience of psychotherapy. *J. Contemp. Psychother.,* 6:121-127.

Wright, N. (1988). *Mrs. Klein*. London: Nick Hern Books.

---

64 Trumbull Street
New Haven, CT 06510

e-mail: rosemary.balsam@yale.edu

Volume LXXVIII, Number 4

CORRECTING THE RECORD: A LETTER ON BEHALF OF BERTRAM DAVID LEWIN

BY LAWRENCE M. GINSBURG

Keywords: Holocaust, history of analysis, Jewish emigration, Bertram D. Lewin, Riccardo Steiner, Jewish analysts in America.

In a book about the sociopolitical and cultural context of psychoanalysis, Steiner (2000) wrote:

> Refugees were in conflict not only with the indigenous members of the American Association, but also those who had come to America during the early 1930s, in the first emigration wave—just think of all those I have just mentioned: Brill, Federn, Lewin,[1] Rado, Schilder, and so many others . . . Jews in conflict with other Jews. Human nature never changes, one might comment, and what this reveals is that, when circumstances of a certain kind arise, there is more than a grain of truth in the old dictum, *homo, homini, lupus.* [p. 170n]

The above-quoted Latin adage, loosely translated, is reflective of philosopher Thomas Hobbes's deeply pessimistic view of human nature (i.e., "every man is a wolf to every other man"). While the maxim was also a favorite of Freud's, the mutually destructive predilections voiced by Steiner about refugee psychoanalysts disembarking in America after the first third of the twentieth century is disheartening. That some were "Jews in conflict with other Jews" is incontrovertible, but Steiner's inclusion of Lewin in this context seems, at the very least, not to tell the whole story.

[1] Although Lewin is included in Steiner's listing of émigrés, he was actually born and raised in Texas.

Lawrence M. Ginsburg is a former officer of the Atlanta Foundation for Psychoanalysis.

I recently came across the following letter, archived with the "Bertram David Lewin Papers (1883–1974)," a collection that Steiner does not cite. Written by Judith Kestenberg to Lewin on the occasion of his seventieth birthday, I find it a moving counterpoint to Steiner's view.

January 18, 1967

Dear Bert,

When I entered the crowded room who came to greet you yesterday, Sylvan Keiser—an American himself—said to me: "This is the only American who wrote important contributions to psychoanalysis." I had come not quite knowing why and felt that there was something there beyond my acknowledgement of your scientific influence that impelled me to be there. The influence was there—American or not—and yet to me too, in a different way, you were America.

In the multitude of the people who congratulated you in the library, my message to you derailed and got lost. I want very much to convey it to you the best I can.

As I listened to the succession of speakers I felt a sense of loss that I missed your direct influence when you were my teacher during my early years in this country. Later I learned from your papers and books and had a warm feeling as if I were writing to you when I wrote the report on supervision. I wondered yesterday how and why I had shunned your direct influence and that brought into focus an area of your personality which—long forgotten and too painful to be brought up—was not mentioned by anybody. You helped so many of us to rescue our families, you helped to bring analysis over.

In 1937 (30 years ago) when I first came to this country, forewarned in Vienna that things were difficult in the New York Institute, I was overwhelmed by America's vastness. My first interview was with you. Later in your class I could not understand what you were saying and I kept strangely quiet in your presence ever since. I tried to make a joke of it, implying that this was due to your Texan (= American) accent. But the joke did not come off and I wondered even more why I had been enthusiastic[ally] reading what you wrote, could experience a feeling of exhilaration finding things in your writings that I dimly felt but could not formulate myself—yet facing you I was dumbfounded and

subdued. What I discovered made me feel that I should share this discovery with you, not because it was an important piece of belated self-analysis, but because it concerned you as a humanitarian. It concerned the time when you were truly in the army, a valiant soldier who, with Lawrence Kubie, felt it worthwhile to move and move fast—changing the life of many people—giving them life at a time when life seemed lost.

In the upheavals of 1938–39, the world became very strange and reality incredible. All my efforts concentrated on saving my family, my friends and the continuity of past and present. Where I succeeded, you and Kubie helped. I was living in the world of an America which did not understand the holocaust in Europe. Looking back, I see that Americans indeed, at least those around me acted as if Hitler was unreal.

The helplessness of my own situation was small indeed. But at that time I had to concentrate on rescue and respond to my family and those friends who thought that just [by] being in America one became all powerful. Practically speaking, it all hinged on money—like paying off a South American consul—to let a refugee have an avenue of escape. I lived in the hospital with the added luxury of $20.00 a month contributed by the Council of Jewish Women. But a miracle happened and that miracle was you and Kubie. Within an hour of my calling, I had a check in my hand that rescued my brother. I brought over my sister who now teaches law at the University of Puerto Rico and has contributed greatly to the development of psychoanalysis in this country.

The magic awe of the rescuer, an American who understood, made America a country worth living in, an analyst and teacher who transcended the role assigned to him and acted—acted to reduce helplessness, moved to revive people and helped reduce the guilt feelings of those who survived—made it possible for many of those present yesterday to work and live in peace. When no one spoke to express the gratitude of many I began to understand my own past and maybe even present reluctance to face you and talk to you directly. But thinking it through, I know the magic is not really gone but it is transformed into a feeling of deep appreciation, of personal gratitude, to be sure; but, also in a much larger scope of acknowledgement that you who created so many things in psycho-analysis, also rescued so many analysts

and their families and thus made it possible for New York to become the "Colossus of Analysis" it has become.

I could not and should not have said all of this yesterday—there was no time or place for it—literally and metaphorically. I hope that each of the anonymous people who felt the way I did were in the audience and experienced as keenly as I did that aspect of your personality that no one spoke about.[2] Thank you!

Happy Birth Day and many happy returns,

Judith Kestenberg (Silberpfennig)

Acknowledgments: The author credits readers' input, coupled with the editorial help of Henry F. Smith.

REFERENCES

Kestenberg, J. (1967). Letter to Dr. Bertram Lewin of January 18. In Container 7, folder 10 of "Bertram David Lewin Papers (1883–1974)." Washington, DC: Library of Congress.

Steiner, R. (2000). *It Is a New Kind of Diaspora: Explorations in the Sociopolitical and Cultural Context of Psychoanalysis*. London: Karnac.

2574 Leslie Drive NE
Atlanta, GA 30345

e-mail: lmg24@cornell.edu

[2] A handwritten addendum is included here: "Except you yourself telling us about your army life."

Volume LXXVIII, Number 4

ON PUBLISHING ETHICS: A REVIEW OF CONVENTIONS AND PRACTICES

BY PETER HARTOCOLLIS

A writer's work, whether scientific or literary, involves certain ethical risks, some of which are peculiar to psychoanalysis. Although the ethics of publishing reports that contain sensitive clinical material has been discussed extensively in the psychoanalytic literature, the ethics of publishing material taken from other publications or oral presentations that do not directly involve patients has been scarcely dealt with. This paper considers issues of ownership of such material, plagiarism, copyright and its violations, and the possibility of a negative reaction on the part of the original author. Characteristic cases are cited along with suggestions about how to handle them.

Keywords: Anxiety of influence, censorship, copyright, cryptomnesia, derivative rights, plagiarism, private correspondence.

The ethics of publishing in psychoanalysis has two sides. One concerns information directly involving patients and the confidentiality that is due to those who are mentioned in clinical cases; the other concerns published material belonging to other authors, as well as unpublished material in the possession of others. I will not discuss publications of clinical cases that could expose the personalities or private lives of patients, as there are a number of such reports in the literature, in addition to an International Psychoanalytical Association Ethics Committee report on the laws governing confidentiality in psychoanalysis in various countries

---

Peter Hartocollis is Professor Emeritus at the University of Patras Medical School and a member of the Hellenic Psychoanalytic Society.

around the world. A comprehensive review of the subject by Goldberg (2004) concluded that there are several contradictory views precluding a general rule.

The publication of literary and scientific books and articles is protected by intellectual property law known as copyright, embodied in the United States Constitution, Article I, Section 8, for the purpose of promoting "the progress of science and useful arts." Copyright was created in Great Britain in 1710 for the purpose of curbing the monopolistic practices of a certain publishing company and also for the encouragement of learning. At that time, Parliament set the length of copyright at fourteen years, renewable only once, a limit that was adopted thirteen years later by the American Founding Fathers, but which was extended in subsequent years to last for the life of the author plus an additional seventy years. In the United States, for works created after January 1978, copyright protection lasts for the life of the author plus an additional seventy years. The United States has copyright agreements with most countries throughout the world. Internationally, many countries grant reciprocity to copyrights originating in other countries, and there is a generally recognized standard in copyright law of fifty to one hundred years after the author's death. Protection is automatic, giving the author the right to control how others copy his or her work, whether republished or shared in excerpt.

In the United States, it is the publisher of the book or the editor of the journal that published the article—not its author—from whom one must ask permission to use the original information, and this if the reference to it is verbatim and extensive. Some publications allow the author to retain copyright, and many are flexible even if copyright is assigned to the publisher; this varies. Some publications charge a fee for permission to reprint or republish material, and others do not (this may be a matter of whether there is commercial interest involved). Citation without permission is unethical and illegal if verbatim, and even when paraphrased if presented as one's own without credit to the original source. The person who commits such an act is considered guilty of literary theft known as plagiarism (from the Latin *plagiarius*, "kidnapper").

A case of plagiarism was allegedly what brought about the end of Freud's friendship with Wilhelm Fliess: that is, the accusation that

Freud's indiscretion had been responsible for the appropriation of Fliess's idea of bisexuality by a young Viennese named Otto Weininger, who wrote a book on the subject without acknowledging the idea's paternity.[1] Freud admitted his complicity to Weininger's presumed plagiarism, explaining—"manfully," as Jones (1953) put it—that "he must have been influenced by the wish to rob Fliess of his originality, a wish presumably compounded of envy and hostility" (p. 315). Freud in fact had earlier presented to Fliess the idea of bisexuality as his own, only to be reminded by his friend that it was he who had presented it to Freud several years before. Freud (1923) acknowledged his amnesia, observing sadly that it was hard to give up one's claim to originality. Freud (1937) called this kind of wishful amnesia "cryptomnesia" (p. 245). Freud wholeheartedly adopted Fliess's idea of bisexuality, but did not bother to publicly acknowledge its source—something he did do, however, when he introduced the idea of the death instinct, mentioning a paper Sabina Spielrein had presented at one of the Vienna psychoanalytic meetings about ten years earlier.

Incidentally, Jones (1953) points out that what the father of psychoanalysis considered his greatest discovery, the notion of dreams being a wish fulfillment, was not actually his. According to Jones:

> Freud got this piece of insight from Liébault's *Du Sommeil provoqué*. Since he must almost certainly have read this book when it appeared (in the same year, 1889, as his visit to Liébault), it is strange that he should announce it in this fashion, and so late, to Fliess; but there are several examples of his forgetting and subsequently recapturing a piece of insight. [p. 358n]

Related to what Freud designated as cryptomnesia is the fact that what one reads is bound to exert some influence on one's mind, whether one remembers the source of this influence or not. Harold Bloom (1997), Professor of Humanities at Yale University, described this as "the anguish of contamination" (p. 56). He observed that it bedevils every poet, including Shakespeare himself, who, according to Bloom and his

[1] Weininger's book, *Sex and Character*, both anti-Semitic and misogynist in nature, became a bestseller after he committed suicide at the age of twenty-three, shortly after the book's publication in 1903 (Monk 1990).

"theory of poetry," has influenced every Western poet ever since. And Bloom quotes Oscar Wilde (without necessarily agreeing with him), who argues that all such influence is immoral.

In contrast, T. S. Eliot, like his mentor Ezra Pound, borrowed heavily in composing his opus magnum *The Waste Land*, first published in 1922. Eliot found the surreptitious use of material from another author laudable, so long as it was done creatively. He said:

> One of the surest of tests is the way in which a poet borrows. Immature poets imitate; mature poets steal; bad poets deface what they take, and good poets make it into something better, or at least something different. The good poet welds his theft into a whole of feeling which is unique, utterly different from that from which it was torn; the bad poet throws it into something which has no cohesion. [Eliot quoted in Cox and Hinchliffe 1969, p. 60]

Bloom, who bases his theory of poetry largely on quotations from other authors, including Freud—some of them as lengthy as a whole page—agrees with Eliot that "poetic influence need not make poets less original; as often it makes them more original, though not therefore necessarily better" (1997, p. 5). And, according to Bloom's theory: "The anxiety of influence, from which we all suffer, whether we are poets or not, has to be located first in its origins, in the fateful morasses of what Freud, with grandly desperate wit, called 'the family romance'" (pp. 56-57).

Freud (1923) acknowledged his own "anxiety of influence" with respect to his theory of dreams, in order to dismiss it as inevitable and harmless, something to be applied to all creative ideas and authors. Referring to the subjective aspect of originality and the belief that one's own ideas are the product of one's own mental activity, Freud commented:

> Careful psychological investigation . . . reveals hidden and long-forgotten sources which gave the stimulus to the apparently original ideas, and it replaces the ostensible new creation by a revival of something forgotten applied to fresh material. There is nothing to regret in this; we had no right to expect that what was "original" could be untraceable and undetermined. [p. 261]

As Umberto Eco (2002) points out:

> Any consideration of influence must take account of the temporality of memory: an author can easily recall something he read in another author in—let's say—1958, forget that thing in 1980 while writing something of his own, and rediscover it (or be induced to remember it) in 1990. One carries out a psychoanalysis of influence. For instance, in the course of my fictional work critics have found influences of which I was totally conscious, others that could not possibly have been influences because I had never known the source and still others that astonished me but I then found convincing. [p. 120]

And in acknowledging his debt to his psychoanalytic colleagues, Winnicott (1965) admits:

> I have grown up as a member of this group, and after so many years of inter-relating it is now impossible for me to know what I have learned and what I have contributed. The writings of any one of us must be to some extent plagiaristic. Nevertheless I think we do not copy; we work and observe and think and discover, even if it can be shown that what we discover has been discovered before. [p. 11]

As literary critics have noticed, the Nobel Prize winner Luigi Pirandello borrowed words, phrases, and even entire pages from other authors, although he was careful not to copy from any well-known colleagues. And the French Nobel laureate André Gide's novel *The Vatican Cellars*, first published in English under the title *The Vatican Swindle,* was based on a historical event of dubious existence described in *The False Pope,* written by distinguished Hebraist Jean Paul Pauly and published twenty years earlier.

Richard Leigh, one of the authors of *The Holy Blood and the Holy Grail,* accused Dan Brown, author of the bestseller *The Da Vinci Code* and its publisher Random House of basing one section of that book on Leigh's own book published twenty years earlier (Lyall 2006). Brown did not conceal the fact that he had used some of the material, including a major character's name, and described *The Holy Blood and the Holy Grail* as the most important book of its kind; nevertheless, he claimed that he

had arrived at the same conclusions Leigh had through his own independent research on the legend of the Holy Grail.

The judge who tried the case ruled that Brown did not steal the idea for his novel from Leigh. And he cleared Brown's publisher of the accusation of copyright infringement, even though he agreed with the plaintiff that Brown had indeed relied on the earlier work in writing a section of *The Da Vinci Code.* But the authors of *The Holy Blood and the Holy Grail* had failed to define the central theme of their book and thus failed to prove their accusation that Brown had stolen it from them. According to the judge, the earlier book did not have a central theme; he concluded by saying:

> It would be quite wrong if fictional writers were to have their writings pored over in the way *The Da Vinci Code* has been pored over in this case by authors of pretend historical books to make an allegation of infringement of copyright. [Lyall 2006, p. 9]

Copyright law also covers what is known as *derivative rights,* protection against using information in other media, such as the movies or the theater. Dorothy Lewis, a psychiatrist at New York University School of Medicine, who, along with neurologist David Nabkus, studied brain injuries among death row inmates, accused the British writer Bryony Lavery of plagiarizing her ideas in Lavery's critically acclaimed play *Frozen.* The play deals with a psychiatrist who studies serial killers and uses, without attribution, numerous passages from Lewis's book *Guilty by Reason of Insanity,* besides representing her in an easily recognizable way (albeit with a fictional name) in the character of the protagonist. Acknowledging that she had not requested permission from the offended author to quote her words, the playwright defended her actions by pointing out that she might have obtained the same information from an ordinary psychiatric textbook, feeling, on her part, injured (as well as remorseful) by the notoriety resulting from the accusation of plagiarism in the international news media (McKinley 2004). Although the case never went to court, Lavery said in an interview that the experience had led her to become a more careful writer (Gardner 2006).

Plagiarism may be more in the mind of the accuser than in reality; and that is certainly the case when the copied material refers to public

events or ideas that can claim little originality, so long as they are not inordinately extensive, in which case the author who uses the material verbatim can be accused of laziness or of appropriating someone else's style of writing rather than ownership rights. As Gladwell (2004), staff writer of the *New Yorker* magazine, writes:

> What matters is *what* you copied and *how much* you copied. Intellectual property doctrine isn't a straightforward application of the ethical principle "Thou shall not steal." The protection of copyright is time limited. And once the information contained in the borrowed material passes into the public domain, anyone can copy it without restriction. [p. 43, italics in original]

And Stanford University law professor Lawrence Lessig (2004) says:

> In ordinary language, to call a copyright a "property" right is a bit misleading, for the property of copyright is an odd kind of property . . . . The point is that in the ordinary sense—indeed, in practically every sense except for a narrow range of examples—ideas released to the world are free. [p. 44]

In letters to the editor published in the *New Yorker* in December 2004, Stanford University law professor Paul Goldstein stressed the importance of the simple courtesy of making an attribution when one creator borrows at length from another, and novelist Jane Smiley referred to the author's responsibility to be aware of what belongs to whom, even if that results in the need to make wording changes.

Plagiarism is not uncommon among politicians, who wish to impress their audience by quoting from suitable speeches of fellow orators without attribution, as was the case for Senator Joseph Biden of Delaware, who was detected using others' speeches without attribution. The senator's aides argued that borrowing thoughts and phrases was a common speech-writing convention, asserting that, as a convention of speech writing, famous quotations are often used without attribution as an homage to the person who first spoke the words. Nevertheless, the adverse publicity resulting from the disclosure of his plagiarism forced the Delaware senator to withdraw from the race for United States president during the Democratic primary of 1988. *Rhetorical shoplifting,* as this

particular kind of plagiarism is known, has long been practiced without problems by famous orators, such as Winston Churchill, whose powerful words "blood, toil, tears, and sweat" were inspired by John Donne, and John F. Kennedy, whose "ask not what your country can do for you" can be traced to Oliver Wendell Holmes (Rosenthal 1987).

Inappropriate, and in a general sense unethical, is the use of another person's written or verbal statement in support of a particular view if that statement was later revised or repudiated by its author (as was the case with Freud's repeated revisions of his views), without acknowledgment of the date of the original statement or mention of the subsequent change.

There is a potential ethical problem arising from the question of ownership of the original information used by another person. The classic example of this concerns private information contained in the correspondence of two persons. Has one the right to use what a friend writes about himself or others without the permission of the writer or his heirs, especially if it has not been designated as confidential? (And I am not talking about letters written by a patient to his therapist, which may be considered equivalent to material presented in psychotherapeutic sessions.) This question has been debated extensively in the publishing world.

Another Nobel Prize winner, the Greek poet George Seferis, objected strenuously to the use of some of his letters by the critic and literary agent Timos Malanos in writing about the poet's work, to the point of turning an amicable relationship and collaboration into bitter enmity. Seferis disputed the right of his critic to invoke comments he had made in writing or in speaking privately to Malanos about his own poetry. "Mr. Malanos," writes the poet,

> . . . publishes, without my permission, excerpts from my letters to him. It did not even occur to him to wonder what kind of human communication might be [taking place] when we would find it natural to read in the newspapers our private letters. And he did not even think what would be the consequences of a system of "criticism," according to which we would expose phrases of an unpublished letter, interpreting them according

> to our whim, without anyone being able to check us. [Papageorgiou 2000, p. 35, translation from Greek by Peter Hartocollis]

A thorny problem with ethical implications arises when an author refers to another author's ideas in a way that the original author considers inaccurate, misunderstood, or distorted. For example, the heirs of Carl Jung accused the author of a new biography of Jung, Dorothy Bair, and her publisher of inaccuracies, distortions, and unfounded characterizations—beginning with the contention that the biographer's first sentence of the book, "The child who became the world-renowned psychologist C. G. Jung was christened Karl Gustav II Jung," was wrong in that the roman numeral actually came later. The family's list of disputed facts filled about twelve pages, including the color of a boat's sail, the architectural style of a bridge over the Rhine, and the reliability of patient diaries alluding to sexual intimacies with Jung. But above all, they objected to the fact that the author did not seek the relatives' approval of statements they had made during interviews with her.

The book's publisher agreed to insert two pages of the Jung family's version of descriptions and facts into a later translation of the book. Bair called the compromise a dangerous precedent.

The Authors Guild in New York, which represents writers on copyright and free-speech issues, maintained that the inserted material undermined the author's credibility and authority, even though it pertained mostly to inconsequential details. Andrew Samuels, a specialist in Jungian studies and a professor of analytical psychology at the University of Essex in Great Britain, agreed with the author that the dispute raised concerns about potential censorship (Carvajal 2005).

Nevertheless, an author or other person who rightly or wrongly considers himself offended may write to the editor who published the contestable article or book, presenting his objections with relevant arguments, and the editor may decide to publish them. If the publication does not accept such letters of protest, the aggrieved person may address himself to an equivalent publication, as was the case with a well-known figure of the psychoanalytic literature—a case I became personally involved with twenty-five years ago, when I was the editor of the newsletter of the American Psychoanalytic Association. At that time, I was

approached by Phyllis Greenacre with the question of whether it would be suitable for the newsletter to publish a letter by her alleging that a colleague had misrepresented Greenacre's views about Margaret Mahler in an article dealing with Heinz Kohut's self psychology. After consulting with the editorial board of the newsletter, I agreed to print Greenacre's letter and notified the author of the disputed article, inviting her to reply to Greenacre's protest if she wished. But she expressed reluctance to comply with Greenacre's wish to air their differences in this newsletter and appealed to Kohut himself, who intervened with a long explanatory letter to Greenacre, concluding with the following comments, relevant to the subject of publishing ethics:

> Now, with regard to the issue raised by Dr. Mahler and you, I cannot believe that there is not a way that should be satisfactory to you without yet pursuing the matter with the, it seems to me, excessive firmness of your insistence that a wrong be publicly righted. Since you say that Dr. [X] misunderstood what you had said about Mahler's theories or, to say the least, that she had misinterpreted the significance of your statements, she would surely have no qualms about admitting that she was mistaken—it is you, after all, who must know best what you were aiming at in what you said.
>
> Still, these issues are not clear cut. Once a scientific statement is made, it has become public property, as it were, and is open to be interpreted by others in ways that the author does not agree with and to which he may feel impelled to object. The choice of whether or not he will object and, if he does, the selection of the form in which he will voice his objection, is a matter of personal preference, a matter of taste. Just take my own case, for example. It cannot have escaped you that my work has been the target of severe criticism. What you do not know is that I feel that almost all of the censure to which my work has been exposed is based on serious misunderstandings. Quite frankly I feel that the most devastating attacks on me and my work that you can read in our scientific journals are not dealing with what I really said or meant but with interpretations of my work that I consider to be grossly distorted. I have become resigned to these facts and have decided not to engage in polemics but to use my remaining years to express as clearly as I can what I believe to

> have discerned, trusting that in the long run attentive and unbiased readers will be able to recognize that some of my most severe critics had misunderstood what I had said.
>
> I believe that these reflections will speak for themselves and I will, therefore, not try any further to plead with you not to be unforgiving in your attitudes toward a younger colleague who as you feel has misunderstood your intentions but to allow the emergence of a debate on impersonal, scientific levels.
>
> At the end I would also like to express the hope that your former friendly feelings toward me have not diminished. I assure you that my warm feelings toward you, my gratitude for what you have given to all of us, and my admiration for your work are as great as ever.

One might like to think that Kohut's civilized remarks about his own reaction when faced with an erroneous interpretation of his ideas might serve as a model to any aggrieved author confronted with a similar situation. But it is hard to see how such an author can follow Kohut's example if he has reason to believe that the presumed distortion of his views violates scientific truth, and if he does not happen to possess Kohut's or Greenacre's authority in the field.

REFERENCES

Bloom, H. (1997). *The Anxiety of Influence: A Theory of Poetry.* Oxford, U.K./New York: Oxford Univ. Press.

Carvajal, D. (2005). In biography of Jung, family gets its way. *International Herald Tribune,* Aug. 3, p. 8.

Cox, C. B. & Hinchliffe, A. P., eds. (1969). *T. S. Eliot: The Waste Land.* Nashville, TN/London: Aurora Publishers.

Eco, U. (2002). *On Literature,* trans. M. McLaughlin. New York: Harcourt, 2004.

Freud, S. (1923). Josef Popper-Lynkeus and the theory of dreams. *S. E.,* 19.

——— (1937). Analysis terminable and interminable. *S. E.,* 23.

Gardner, L. (2006). "I was naive and stupid": when playwright Bryony Lavery was accused of plagiarism, the furor went worldwide. *The Guardian*, April 6, p. 22.

Gladwell, M. (2004). Annals of culture: "Something borrowed: should a charge of plagiarism ruin your life?" *New Yorker,* 80(36):40-48.

Goldberg, A. (2004). Who owns the countertransference? *Psychoanal. Q.,* 73: 517-523.

Jones, E. (1953). *The Life and Work of Sigmund Freud, Vol. I.* New York: Basic Books.

Lessig, L. (2004). *Free Culture.* New York: Penguin.

Lyall, S. (2006). Idea for "Da Vinci Code" was not stolen, judge says. *New York Times,* Apr. 8, p. 9.

McKinley, J. (2004). Playwright created a psychiatrist by plagiarizing one, accusers say. *New York Times,* Sept. 25, p. 1.

Monk, R. (1990). *Ludwig Wittgenstein: The Duty of Genius.* New York: Penguin.

Papageorgiou, C. G. (2000). Timos Malanos–Giorgos Seferis: the chronicle of a preannounced end of a friendship [in Greek]. *K. Magazine of Literature & Fine Arts Criticism.* July, pp. 31-41.

Rosenthal, A. (1987). Two top aides to Dukakis resign as one admits role in Biden tape. *New York Times,* Oct. 1, p. 1.

Winnicott, D. W. (1965). *The Maturational Processes and the Facilitating Environment.* London: Hogarth/Inst. Psychoanal., 1982.

---

99 Agiou Thoma
Peania 19002
Greece

© *The Psychoanalytic Quarterly, 2009*
Volume LXXVIII, Number 4

BOOK REVIEWS

TRANSFORMING NARCISSISM: REFLECTIONS ON EMPATHY, HUMOR, AND EXPECTATIONS. By Frank M. Lachmann. New York/London: Analytic Press, 2007. 272 pp.

In this book, the author demonstrates his capacities as a scholar, a researcher, and a Renaissance man. But above all, he is a clinician, and his ambition is to explore and expand our thinking about the essentials in achieving successful therapeutic action. His point of departure is his recognition that Kohut, while positing that archaic narcissism is transformed through empathy, humor, creativity, and a sense of transience and wisdom, did not provide many details as to how these transformations might occur.[1]

Lachmann's three principles of the "how" of therapeutic transformations are: (1) "ongoing regulations" occurring in the process of analytic interactions, (2) disruptions and subsequent repair, and (3) heightened affective moments that are both inevitable and essential to effect change. While the first two of these are part of all psychoanalytic treatment, it is the role of affects—the process of transforming them as they are engaged in the analytic relationship, and their ultimate impact on altering self pathology—that receives most of Lachmann's emphasis. He undertakes a further exploration of character pathology, of expectations and their violation, and of the roles of humor, creativity, and empathy in treatment. These themes are introduced in the book's early chapters, illuminated by clinical illustrations, and are ultimately pulled together in the later chapters.

As Lachmann lays the foundation of his thesis, he utilizes findings from infant research and contemporary cultural life to enliven and educate. He ranges into the world of boxing to comment on mutual attune-

[1] See, for example: Kohut, H. (1971). *The Analysis of the Self: A Systematic Approach to the Treatment of Narcissistic Personality Disorders.* New York: Int. Univ. Press.

ment in action, and he utilizes his love of the arts to highlight examples of empathic moments between a musical maestro and his pupil. But as delightful as it is to follow the author into the world of music and literature and observe how the concept of empathy develops and emerges in every field, his larger canvas for his own artistic application is his clinical work.

While Lachmann outlines his overall aims in the first several chapters, the subtleties of his thesis are not fully revealed until well past the middle of the book. Because he is working with several moving parts that are essential to his position, they require detailed exposition. All of the components linked to the transforming of affects, to empathy, humor, and creativity, require a sufficient intensity to effect internal shifts. Although he clearly establishes that a crucial part of therapeutic action comes about through affect transformation achieved within the analytic bond, he also recognizes the importance of managing obstacles to cure.

To tackle the problem of what interferes with the analyst's making use of empathy, Lachmann introduces the concept of *expectation,* which has both positive and negative sides. To underscore the latter, he talks about *violation of expectations,* and anchors this in early environmental failures. But he also turns the negative connotation of violating expectations on its ear by demonstrating how many therapeutic shifts and interruptions in character pathology can be accomplished through unintended "violations" that, surprisingly, turn out to be therapeutic.

Here is where humor, imaginative role playing, and creativity may be employed in order to alter—for the better—old, fixed patterns of relating. Here, too, is where the notion of affective intensity in the emotional dimension of the analytic encounter is vital to initiating and achieving transformations. At their best, these mutually important encounters can lead to significant changes in the way the analyst can be therapeutically utilized.

In chapter 4, the author describes how empathy is co-constructed through the analyst's recognition of pivotal scenes in the patient's life. By identifying with and articulating these scenes, the analyst facilitates a safe entrance into the patient's affectively disorganized and heretofore often overwhelming world. When the patient acknowledges having been understood, he is able to feel both supported and enhanced, and em-

pathy with the self develops and deepens. In these transactions, which involve a co-created understanding, a procedural and often unconscious process of regulatory modification can occur.

During interactions that are intense enough to lead to meaningful changes, we can see how multifaceted applications of empathy promote affective transformation and therapeutic benefit. But Lachmann also recognizes that there are resistances that impede the process and interfere with the way the patient can receive, embrace, and ultimately be nourished sufficiently to "use" empathy.

Our patients' early histories, replete with unmet needs and misattunements to derailments, have necessitated particular patterns of relating, both adaptive and maladaptive. Lachmann introduces us to notions of expectations that may be partially met in positive ways and are often "violated" in negative ones. The results are encapsulated in *model scenes,* which consist of the telescoping of analogous scenes of the self with other—how one is treated and how one learns to relate to others. Within these scenes are the condensed metaphors that speak to environmental trauma, and thus to the "violation" of expectations. They also tell a story and provide the rationale for how a child learns to protect himself and adapt to the world of thwarted needs and hopes.

Further, although the person who evolves from this process may present with a rigid way of viewing and being with others, carefully crafted into defensive compromises, a forward-edge component is also present. Here we find, however latent, the continued search for enlivening and nourishing new experiences. Sadly, because the protective armor dominates and forecloses empathic connections, genuine "usability" is often difficult to attain. Here Lachmann wants us to consider dimensions of treatment beyond—although not instead of—interpretation, often ones that incorporate humor and imagination while remaining embedded in an empathic atmosphere.

The author pursues the theme of humor in the book's second chapter with a detailed case illustration. While he gives us an evocative report of the treatment and events leading up to the session that he views as a "now moment," highlighted by a humorous exchange, it is not until later in the book that we can fully appreciate how he comes to understand what was taking place. What we learn from the narrative is how

difficult it was for either therapist or patient to move very far beyond what seems to be limited therapeutic progress, in spite of Lachmann's apparently empathic grasp of the situation.

His patient, Sally, had been abandoned by her exciting and partially nourishing husband, forcing her to move from Los Angeles to New York. The contrast in cities—playful Tinsel Town versus the power-driven, serious, and ultimately grave Manhattan—dramatizes her loss. It also echoes the earlier abandonment by her lively but unreliable father, throwing her back into an inner world inhabited by a dangerous, if not psychotic, mother. Lachmann struggles to find purchase with this patient as he addresses her depression and despair over her circumstances, all projected onto Gotham. He provides a convincing formula that links her early environmental trauma to her present pain, and he makes attempts at restitution, but she seems little moved or changed over time. However, he then reports a session that becomes a watershed event, both in signaling procedural unconscious accruements, and in leading to a therapeutic breakthrough in their relationship.

The pivotal session is one in which Sally unexpectedly asks him a personal question: "Did you grow up in New York?" He quickly replies, "Yes, assuming I did grow up." They both then burst into laughter in a rare moment of mutual enjoyment. Some chronic tension seems to have been broken, initiated by the patient's unusual show of interest in who her analyst is and in his playful, somewhat self-effacing response. While we are given the "what" of the enactment, it is not until we reach later chapters, on "The Lens of Humor" and "Expectations and Their Violation," that we are given a fuller portrayal of Lachmann's thinking in this regard.

The book liberally offers additional case illustrations. Each emphasizes a different facet of how analyst and patient co-construct crucial enactments, and together they form a strand woven together to create a plausible synthesis. The clinical vignettes share themes that prepare us for the author's more explanatory chapters, which then integrate and amplify his major thesis. Since our patients have frequently suffered from environmental failures and have been disappointed by their caretakers, the consequences are registered in the particular way that they have internalized—and, by necessity, reorganized—their inner world. This includes the way in which they have experienced their most sig-

nificant selfobjects, and how they have adapted and accommodated to them. The patient's character, forged out of failure and talent, is an admixture designed to contain anxiety and prevent retraumatization, while allowing the patient to remain hopeful of making new connections.

This complex characterological picture—at once preserving deeply rooted needs for intimacy, structure, and affective engagement, and yet intricately structured to prevent dangerous repetitions of injury—often interferes with the ability to make full use of the therapist. As each patient's narrative unfolds in treatment, we see that he is obligated to control the impact of the other, to relate in a stylized and repetitive, often self-defeating manner, and, at all costs, to keep in check the depths of his deepest needs for responsiveness. These latter factors are the major sources of the patient's inability to experience the therapist in a new way, and to be truly nourished by empathy. An indwelling expectation of disappointment and injury and a fear of heretofore unmanageable affects operate as barriers to finding and embracing usable objects.

In his understanding of the various forces that have resulted in his patients' current problems, Lachmann sees unconscious, bidirectional, positive influences occurring, even though old patterns and stalemates seem to persist. While the early history gradually unfolds and is empathically grasped, and as shared affect modulation occurs, inchoate and often unnamed (until now) experiences are shared and made more intelligible. Implicit relational knowing, in spite of many forms of "resistance," is still taking place in the therapeutic dyadic bond and strengthening the psyche. Yet as Lachmann carefully explicates, because of the patterns established for self-protection, very little real change may occur, and therapeutic yields may be minimal.

It is in this context (the "what" that goes "beyond interpretation" and empathy) that the concept of reaching affective intensity becomes alive. It is here that enactments that positively counter and "violate" negative expectations are crucial if we are to reach intense enough emotional connections to allow the new to become possible. As the author develops, elaborates, and deepens his themes, we see that, ultimately, it may be through enactments, properly timed (although this is not always possible to predict) that the essential ingredients leading to transformation and change come to the fore. Thus, the use of imaginative and creative reworking of critical model scenes, as well as humor, may be neces-

sary to effect a mutative breach and disconfirm the patient's expectation that the old (toxic) relationships will be repeated.

In his final theoretical chapter, Lachmann brings together a good deal of his thinking. While some of it is a reprise, he thoughtfully considers, in retrospect, what constituted the therapeutic action in two of the cases described, Sally and Nora. He spells out more comprehensively the way in which he understands their core dynamics and how each constructed her personality, and shows that the way they learned to manage their external objects was ultimately a costly compromise. Again, he recognizes the importance of all our cherished values as therapists. Certainly, we need to learn our patients' stories as told in their way. Indeed, we need to be able to illuminate and interpret within a frame informed by empathy. But we also need to use our own and our patients' capacities for humor, wisdom, imagination, and playfulness, often manifested in "enactments," in order to forge new channels for meaningful and nourishing relationships.

How successful is Lachmann in accomplishing his aims? He offers compelling case material to illustrate how he listens, formulates, interprets, and responds to his patients. We are able to follow process with him and identify with his experiences of frustration as impasses are reached, and with his pleasure when novelties emerge that have been co-constructed by both participants. But are we able to fully endorse the proposition that, when affective engagement reaches critical intensity in therapeutic enactments, it follows that lasting structural change has occurred?

Lachmann's emphasis on what it takes to achieve meaningful and mutative connections certainly speaks to which facilitating elements allow deeper analytic work to take place. Clearly, too, the unconscious bidirectional influences that are moving the process toward more evocative moments are evident as they impact rigid defensive patterns of relating. Further, dramatic application of the term *violation of expectations*, and the benefits Lachmann describes of the empathic use of humor, creativity, and imagination in reducing the patient's resistances to making use of the therapist, are quite effective.

As Lachmann enters the controversial area "beyond interpretation," he remains ever mindful of timing, dosage, and the need to maintain an analytic stance. He judiciously provides us with descriptions of the ante-

cedents to enactments, and is effective at conveying how the work done together with the patient at these moments heightens and potentially sets the stage for transforming affects.

Is the author totally effective in proving his hypothesis that these psychological affect-laden clinical events are the sine qua non for therapeutic action? How do we assess whether permanent or stable psychic reorganization has taken place, or how flexible the individual is in his choice of objects—or, for that matter, whether he demonstrates a newfound capacity to "use" the object?

As with most assertions in psychoanalysis, it is important to maintain a healthy skepticism in regard to some of Lachmann's points. Psychoanalysts today recognize different views about what constitutes the signifiers or the necessary elements of therapeutic action. So, while I enthusiastically applaud Lachmann's attentiveness to this critical theme, I am left with questions as to whether he has actually demonstrated what facilitates abiding transformations, and whether he succeeds in achieving his ultimate aim of actual structural change.

I would like to add something of my own thoughts about the role of affects as central to therapeutic effectiveness. Lachmann cites the management of rupture and repair as important in affect regulation and transformation, and I would like to elaborate this. Winnicott introduced the concept of the *usable object* as a positive achievement arising out of the child's confidence that his caretakers can help him manage heightened tension states, especially those that involve negative feelings.[2] Many of our patients have suffered failures not only in optimal responsiveness, but also in their second dimension of need, that of a holding environment.[3] Parental function should include availability and responsiveness to affects that accompany the frustration of positive expectations, at a level sufficient to aid in integration of intense emotion.

A major cause of the child's need for reorganization and of his pathological accommodation is the fear of being disappointed when needs are not met, as well as his fear that unintegrated and often inchoate feelings will overwhelm him. I believe that, if we are to have a theory of

[2] See Winnicott, D. W. (1971). *Playing and Reality*. London: Routledge, 1999.

[3] See Newman, K. (2007). Therapeutic action in self psychology. *Psychoanal. Q.,* 76: 1513-1546.

action that places affects in a central position, we must attend to how the patient and analyst actually rework the heretofore unmanageable affects through the medium of transference. The optimal opportunities for this reworking occur during periods of inevitable disruptions that temporarily destabilize the treatment, followed by therapeutic repair. In the hurly-burly of these events, the analyst is challenged to acknowledge the patient's highly charged affects and emerging hatred, intensified by their links to early deprivations and failures. Countertransference, too, becomes important here, as the analyst must survive the hostility and will hopefully provide new responses that are significantly different from the original failures in holding. Not all treatments reach these levels, but when they do, it is often the transformation of such affects that is crucial to the achievement of structural change.

While I have focused primarily on the clinical implications of this beautifully written and highly imaginative book, I would be remiss if I did not mention Lachmann's other wide-ranging interests reflected in the book. While he deftly moves between his clinical knowledge and his love of the arts, excursions into the latter are particularly enlightening and entertaining. Several chapters apply and extend his views on violation of expectations to the creative geniuses of art and literature. He imaginatively reconstructs their early lives, finding links between their environmental circumstances, inborn talents, and the eventual realization of their gifts. His insights are novel and instructive, and his perspective on these cultural icons supports and enhances his main thesis.

Overall, I found it a pleasure and a learning experience to read this important book.

KENNETH NEWMAN (CHICAGO, IL)

RELATIONAL THEORY AND THE PRACTICE OF PSYCHOTHERAPY. By Paul Wachtel. New York/London: Guilford Press, 2008. 338 pp.

To the consternation of its adherents, classical psychoanalysis has been the unintentional inspiration for a variety of revisionist approaches to its basic theoretical and technical assumptions. Despite the power of Freud's influence on theory and technique, not to mention the political

strength of his close followers, individual psychoanalysts have found in their disagreements with the content of classical psychoanalysis a rich vein of inspiration for the promulgation of competing ideas, some of which have led to recognizable schools of psychoanalytic thought.

Ironically, these competing schools of analysis, although initially receiving intense criticism from advocates of the classical approach, have nevertheless had aspects of their core revisions quietly incorporated into classical analysis. However, this has occurred without acknowledgment of either an agreement with these new approaches, or of the annexation of these new ideas; often, those defending the classical approach have simply claimed that the new school's major tenets have been there all along in the classical approach, but without previous emphasis on their importance. This retrospectively defensive and adaptive aspect of classical psychoanalysis has often made it difficult to identify where a new school ends and where it has been simultaneously demoted in importance and seamlessly submerged into classical analysis, as a means by which the latter resists the essential incompatibility of the new approach with its own.

New schools of psychoanalytic theory and technique have clustered around two poles. In Europe and South America, Kleinian psychoanalysts have focused on the preverbal mental life of the first year of life in order to postulate a series of fundamental and supposedly universal unconscious dynamics that, in their view, inevitably determine the transferences generated during the conduct of an analysis. The French psychoanalytic world, on the other hand, has chosen the path of deconstructing and expanding Freud's important theoretical works as the basis for a revision of Freudian thought, in a way that, in their view, increases the purity of his original thinking by augmenting it with the expanded thinking of the commentator. In this effort, French analysts see themselves as protecting psychoanalysis from modifications that presumably would decrease the absolute importance of the unconscious and of transference in conducting analytic treatment.

In the United States, psychoanalytic revisionists have attempted to change the classical stance by moving away from Freud and looking forward to the new, rather than backward into an ever-earlier past. The relational school has done this largely with regard to technique, while self

psychologists have concentrated on the area of theory, and especially the centrality of self-objects in the development of a structured psychological self. Beginning with its innovative emphasis on the primary importance of the quality of relating between analyst and patient and on the therapeutic effectiveness of analysis, rather than on interpretation, the relational school has emerged as a major influence on psychoanalysis in this country.

The relational analytic journal *Psychoanalytic Dialogues* has persistently and successfully promoted the concept of a two-person, relational, co-constructed analytic entity. The claim has persisted, however, that this school is often vague in defining itself and its differences from classical analysis—a criticism levied by both classical analysts and by those wanting to understand exactly what is meant by *relational psychoanalysis*. It is both those who are critical of the relational approach, and those who strive to understand its essential newness, to whom Paul Wachtel's *Relational Theory and the Practice of Psychotherapy* is addressed.

The author of at least nine previous books, Wachtel is an experienced analyst who is perhaps best known for his attempt to integrate psychoanalysis and behavior therapy. It would be difficult to over-praise this current volume; I can think of no author who brings together more of the ideas that define the relational approach than does Wachtel. Furthermore, he does so with straightforward, accessible writing that includes enough pedagogically sound use of repetition to educate anyone who desires to understand the relational school's essential stance.

Wachtel begins *Relational Theory and the Practice of Psychotherapy* with a characterization of how Freud's approach was implemented in the United States following World War II, such that "psychoanalysis, especially American psychoanalysis, was largely still dominated by what was then called the 'classical' point of view. The mainstream of American psychoanalytic thought emphasized neutrality, anonymity, caution about 'gratifying' the patient's infantile needs, and the primacy of insight" (p. 5). In Wachtel's view, the image of the analyst as mostly silent, as opposed to gratifying infantile transference wishes, and as depending upon sparse but crucial transference interpretations defined what he calls the "default position," in which the analyst retreats into the safety of silence as a way of avoiding contamination of the transference by behaving too

actively. In Wachtel's view, this default position, while detrimental to the development of a therapeutic relationship, achieved an influence so pervasive that most analysts today, even those with a relational orientation, will resort to it in situations of analytic uncertainty.

The relational psychoanalyst, as presented by Wachtel, has radically altered the classical approach to analysis with regard to both its goals and the techniques utilized in pursuit of them. He begins with the assumption that no absolute truth about the patient will be discovered by the analyst, who understands the way in which his or her own mental life, with its irreducible subjectivity, contributes to every analysis. While it would be an exaggeration to say that Wachtel believes there is no such entity as an individual without a consideration of the context in which that individual exists at any given moment (particularly as this pertains to the analytic situation), it is clear that he sees a one-person approach that elevates the analyst to a neutral-observer position as deeply flawed and ill-suited to achieving significant therapeutic goals.

The tendency in the United States has been to demystify the unconscious by redefining it in terms of the individual's lack of awareness of the self and its needs. In a typical way, the effort described here by Wachtel is a movement toward greater availability of the analyst as both a "useable object" and an active participant in the process. In the service of achieving a new approach to psychoanalysis and psychotherapy, the author supports the informed use of self-disclosure by the analyst, deplores the tendency of classical analysts to be suspicious of the patient's motivation toward the analyst and analysis, and believes in the usefulness and inevitability of enactments—particularly if an enactment is analyzed as including contributions from both participants in the interaction. In essence, Wachtel acknowledges the interpersonal nature of the analytic relationship, coming close to a view of enactments as simply signs of a nontransferential relationship between patient and analyst. The patient is seen both as bringing more to the analysis in the form of implicit relational knowing, and taking more from the analyst in terms of a new relationship that stimulates and encourages the effectiveness of procedural knowing, thereby making the patient's implicit relational knowledge more available to him or her.

The reader of this book will definitely emerge with a better grasp of the relational approach as reflected in Wachtel's vision of psychoanalysis. Furthermore, the author's account of the specific psychological stresses and traumas likely to be experienced by a given individual includes the explicit reminder that such experiences may occur at later ages, which is usually ignored in considering the sources of emotional difficulties in adult life. Indeed, it is rare to find an analyst who is willing to expand the period of time in which negative experiences are viewed as having the potential to damage human psychological structure.

If this book has any shortcoming, it is in its failure to define how and where the relational approach changes the basic psychoanalytic theory that has been bedrock for the classical approach. Wachtel is perhaps typical of a tendency in relational psychoanalysts to effectively demonstrate how they work with patients without clearly describing what they have done with the basic postulates of classical thinking. Relational analysts have tended to retain many aspects of the basic drive-defense model of analysis that has been the foundation of that approach. The drives and the defenses against them, both residing in the unconscious, and the resultant compromise formations that constitute the be-all and end-all in the classical approach, are easily incorporated into the relational approach of many who classify themselves as adherents of that school. As is the case with many relational analysts, it is difficult to discern what role Wachtel assigns to the basic sexual and aggressive drives, operating unconsciously, in determining adult emotional distress and dysfunction.

Despite this reservation, I recommend this book to any psychoanalyst or dynamically oriented psychotherapist who is interested in advancing his or her thinking about how to utilize the relationship between the therapist and patient as a vital component in achieving therapeutic effectiveness. In its totality, the book represents a striking description of a flexible approach to the practice of therapy and analysis that would be hard to equal or surpass. Those who aspire to practicing clinical analysis will find this book's comprehensive approach valuable when it comes to thinking about how analysis should be conducted. A very good guide for clinical excellence is indeed hard to find, and Wachtel has produced just such a guide in *Relational Theory and the Practice of Psychotherapy.*

HENRY J. FRIEDMAN (CAMBRIDGE, MA)

SEXUAL BOUNDARY VIOLATIONS: THERAPEUTIC, SUPERVISORY, AND ACADEMIC CONTEXTS. By Andrea Celenza. Lanham, MD: Jason Aronson, 2007. 314 pp.

The past two decades have seen the emergence of the subject of sexual boundary violations from the closet of denial and avoidance to which they had, to a considerable degree, been relegated for years. Despite such early transgressions as those of Ferenczi and Jung, such events were largely considered rarities, individual aberrations that, under proper conditions, would be averted by sufficient training analysis and careful self-scrutiny. A variety of factors, cultural as well as professional, have now coalesced to focus attention on this issue, and to generate an extensive literature aimed at elucidating the dynamics of the problem and guiding professionals of various disciplines in their efforts to understand and manage it.

Andrea Celenza has been one of the pioneers in this project. A psychologist and psychoanalyst, she has collaborated with a number of scholars and clinicians in studying, treating, supervising, and consulting with both therapists and patients (often referred to here as "victims") caught up in such situations. She has published widely, and the current volume is a product of her years of immersion in this complex and highly charged field. She is particularly skillful in delineating the intricate network of transference-countertransference entanglements that contribute to the evolution of such violations, and the personality configurations of both parties that are vulnerable to becoming enmeshed in them—in particular, the narcissistic vulnerability, rescue fantasies, and fear of aggression that predispose some therapists to offer "corrective emotional experiences" to their often difficult patients. She consistently emphasizes the power gradient that fosters the susceptibility of the patient to the therapist's overtures, maintaining that the patient is never to be held guilty for the latter's ethical failures. (It is of note that studies have consistently shown that psychoanalysts are those least likely to be guilty of such failures, probably because they have been most thoroughly trained to attend to the transferential patterns that generate them.)

Recent scandals about transgressions by the clergy have contributed to the public awareness of and concern about boundary violations. Celenza offers an enlightening discussion based on her experience as

consultant and therapist to a number of culpable priests, whose conflicts about their relations to the church and its authority, sense of isolation, and the ambiguity of their own identifications with the deity have contributed to the seduction of their communicants, male and female.

Concerned about the possibility of rehabilitation of the offending professionals, she distinguishes between the psychopathic predator who experiences no remorse and projects responsibility to the patient—and is thus inaccessible to efforts at remediation—and the more frequently encountered, one-time, neurotic offender who is in the throes of an emotional crisis, experiences shame and guilt, is open to appropriate treatment, and has the potential to be restored to professional activity. Her chapters on the processes of rehabilitation through psychodynamically oriented psychotherapy and supervision, generally conducted under institutional direction, are particularly helpful.

Unfortunately, the organization of the book serves somewhat to undercut its usefulness. Most of its fifteen chapters are republications (with some modifications) of papers previously published in a variety of journals, or presented at a variety of professional meetings and geared to somewhat different audiences. As a consequence, the reader must make his way through endless repetitions of perfectly sound and informative but increasingly familiar content, often in the same words, chapter after chapter. More judicious (if more laborious) editing would have made the going easier and might have allowed for a smaller book or a larger typeface. As it stands, the book offers thoughtful psychoanalytically conceptualized guidance in several areas and a valuable, up-to-date bibliography, but it does not encourage continuous reading. Nor does it supplant, I think, Gabbard and Lester's classic as a basic text for psychotherapists of all disciplines and persuasions.[1]

AARON H. ESMAN (NEW YORK)

[1] Gabbard, G. & Lester, E. (1995). *Boundaries and Boundary Violations in Psychoanalysis*. Washington, DC: Amer. Psychiatric Press.

THE STRUGGLE AGAINST MOURNING. By Ilany Kogan. Lanham, MD: Jason Aronson, 2007. 218 pp.

Ilany Kogan has collected into this book nine previously published papers united around the theme of traumatic loss and the problem of failure to

mourn. New contributions are the brief introduction, which anticipates the central themes of the book; chapter one, which surveys defenses against mourning from within a contemporary Kleinian perspective; and a brief epilogue. What most distinguishes this book, however, is the way the author draws on her clinical experience in working with Holocaust survivors and their offspring to understand how overwhelming trauma disrupts the capacity to integrate loss. Through multiple case presentations, she explores pathological adaptations arising from traumas that span the lifetime of the individual, transmit across generations, and even cripple whole societies. Reading these cases together is powerful and enriching, and the juxtaposition of papers examining traumatic disruptions of whole societies develops a larger context for Kogan's clinical insights.

From the beginning, the reader is compelled to confront the question "What do we mean by mourning?" Are we speaking of a psychological *state*, an internal *process*, an external *manifestation* of an internal process, an *outcome* of a process, a sign of illness or of health? Does mourning accompany *any* loss or, even more broadly, any internal or external change?

In one paragraph that is a study in the semantic confusions that permeate psychoanalytic literature, Kogan notes how the discussion of mourning is impeded by different usages of terms:

> One of the most complex aspects of mourning, and one that has not yet been completely elucidated, is the distinction between normal and pathological mourning (Volkan 1981). Referring to this subject, Grinberg (1992) contends that psychoanalysts who have written about these two forms of mourning have not been able to state precisely which were the specific factors conditioning the two pictures. Even the use of the terms describing them has given rise to controversy. There are authors who insist that *mourning* should be restricted to the pathological state, reserving the term *grief* for the reaction that is considered normal. Others use the term *mourning* for the healthy processes of dealing with loss and *bereavement* for a more desolate and pathological reaction. Bowlby (1961) emphasizes that the word *grief* denotes only the sequence of subjective states that follow loss and accompany mourning. In his view, mourning included the

> entire psychopathological process caused by object loss. [p. 9, italics in original]

Earlier psychoanalytic writers specifically addressed the experience of actual object loss by death or separation. However, the past fifty years have seen a widening extension of the concept of mourning. In Kogan's usage, mourning is not restricted to situations of object loss, but rather is the necessary process for adaptation to separation, significant disruption, trauma, and social change, as well as normal developmental transitions and growth.

> Mourning is the conglomerate of favorable processes that develop in the face of loss. It includes acceptance of reality and readaptation to it . . . . Mourning is necessary because it permits us to relinquish attachments and attitudes that have lost their realistic usefulness, thus facilitating growth and development . . . . The elaboration of mourning eventually leads to a better differentiation between self and object, past and present, reality and fantasy . . . a reorganization of the ego, and a smoother integration of the inner and outer world. The mourning process facilitates the integration of dissociated parts of the self and the consolidation of a sense of identity. [pp. 1-2]

> In this book mourning includes overcoming pathological defenses and shedding the regressive elements that block the way to the establishment of the adult aspects of the personality when one is confronted with loss and bereavement, aging and death, stress and trauma. [p. 9]

This broad application of the concept of mourning implies that mourning is necessarily integral to every psychoanalytic treatment and, indeed, every transition faced by individuals, groups, or societies. Thus, the book is also a collection of case studies and essays about change, adaptation, and growth. More specifically, it is a study of the mechanisms used by individuals and groups to avoid confronting and accommodating to overwhelmingly painful realities.

Kogan considers manic defense to be the primary mechanism for avoiding the pain of mourning; it is "the common thread that binds the various chapters of the book" (p. 12). In chapter one, Kogan reviews the

concept of manic defense, as explored, in particular, by Freud, Klein, and Winnicott. *Manic defense* is understood by each of these theorists as a complex amalgam of constituent defenses: Freud's constellation of denial and omnipotence; Klein's triad of omnipotence, denial, and idealization of the split object; and Winnicott's "denial of inner reality," "flight to external reality," "suspended animation," and "reversal of depressive affect." These component defenses combine to support manic defense:

> Manic defense includes all the defenses that belong to the paranoid-schizoid position, and that form a powerful, integrated system directed against psychic reality and depressive experience. Hate, guilt, despair, the need for reparation, ambivalence, and so on are all denied by means of manic defense. [pp. 14-15]

In other words, mourning is the basis for growth beyond the paranoid-schizoid position. Manic defenses block such growth by opposing mourning, and therefore must be confronted and gradually given up. Kogan would assert that *all* psychic work dealing with the vicissitudes of life is accompanied by mourning. Thus, "the ability to mourn and the capacity to bear some helplessness while still finding life meaningful are the objectives of the analytic work in this book" (p. 5). Yet Kogan also questions the limits of her analytic function, wondering

> . . . how does the analyst help the patient be in touch with pain and mourning? Is the relinquishment of defenses always desirable? . . . Should the analyst struggle to help patients relinquish these defenses, which they may experience as vital to their precarious psychic survival? Or should s/he accompany them on their way to self-discovery, which may or may not result in the patient's letting go of their defenses when faced with the pain and mourning inherent in trauma? [pp. 4-5]

The heart of the book is the case presentations, in which Kogan eloquently describes her analytic work and elaborates her understanding of the analytic process. The cases present challenging clinical situations and reveal a thoughtful clinician who examines her work with admirable candor and courage. I would assert that these clinical stories exemplify

the possibilities created within analytic treatment, and indeed the patients seem to achieve substantial benefits.

But, intriguingly, Kogan is not so confident. Consider, for example, the first case described (in chapter two, "Forever Young"): the analysis of a 38-year-old woman, Dina, who struggles against acknowledging her own human limits. "Analysis consisted of a struggle with the patient's manic defenses—her denial of inner reality and her omnipotent attempts to replace it with delusional fantasies that she felt compelled to enact" (p. 23). The first phase of Dina's analysis focused on helping her to acknowledge and mourn the death of her mother by confronting "her need to avoid separating from her mother and, as a result, to avoid mourning her" (p. 26).

The subsequent phases of the analysis, in Kogan's view, involved her patient's struggles to maintain her omnipotent belief that she could be both sexes at once, and could conceive a child without the help of a sexual partner (her husband was sterile, and furthermore did not want a child). This case is exemplary of Kogan's paradigm of manic defense serving to avoid acceptance and mourning of a painful reality, and also of Kogan's questions about analytic goals.

> Since pregnancy and childbirth seemed to be so vital for Dina's psychic survival, was I supposed to fight against this need of hers? Was it at all possible for Dina to give up her manic defenses, and if so, at what cost? And if my role was to put her in touch with unbearable psychic pain, could I take the responsibility for the outcome? [p. 41]

Ultimately, Dina gives birth to a child conceived by artificial insemination, and continues her analysis for a further two years. However, Kogan understands the birth as achieving a "concrete solution" (p. 43) that preserved intact her patient's manic defense.

> The immaculate pregnancy, producing a baby without a man, was a manic defense with a successful outcome. As a result of her manic defenses, she had obtained her life's goal—the avoidance of pain and mourning inherent to growth . . . . Could she ever complete the process of mourning necessary for accepting her monosexual destiny and the inevitability of her death . . . ? To

> what extent did this "success" help her avoid her death anxiety? . . . From this point of view, termination was less satisfactory for the analyst than for the patient. [pp. 43-44]

In chapter three, Kogan again questions herself, this time in regard to the ultimate result of her treatment of Deborah, a 45-year-old, married mother who sought homosexual excitement as a "manic defense against her inner deadness" (p. 57). Kogan describes the patient's psychic isolation and desperate attempts to come alive through physical contact. This culminates in a transformative moment in the analysis in which the patient finally felt "touched" through a verbal intervention—a quotation from a verse about love by Rilke—and was subsequently gradually enlivened and able to tolerate her own emotional life. Nevertheless, Kogan expresses some dissatisfaction with the analytic outcome because the patient continued to have homosexual desires. Indeed, the author opens the case presentation with the statement, "I have been plagued by questions and doubts concerning the partial results of this treatment" (p. 47). Here Kogan seems to be asserting her belief that her patient's homosexual desire is *only* a defense against mature acceptance of her femaleness, and health would require abandoning such a desire.

A reader cannot, of course, know all the complexities of the case, but I wonder if a difficulty in both these cases stems from Kogan's investment in a particular life change for her patients. She is explicit in her belief that the analyst joins with the patient in seeking specific life changes.

> Ticho defines "treatment goals" as the removal of obstacles to the patient's discovery of his potentialities. "Life goals" are the goals the patient would seek to obtain if he could put his potentialities to use . . . . I define "treatment goals" the way both analyst and patient view the aims of treatment; "life goals" will be defined as the way in which both partners of the analytic couple refer to the goals the patient would seek to attain in life. [p. 46]

In these instances, Kogan and her patients seem to disagree about life goals, leaving the analyst unsettled about the analytic results. I believe each of us confronts anxieties about how our patients ultimately use or avoid the analytic work, but I do not believe we can know what life choices are "right" for our patients. Is Kogan suggesting that Dina

could *only* achieve a mature state by failing to conceive a child? Or that Deborah must abandon and mourn her homosexual desires to achieve health?

For me, the most moving portion of this book describes patients who, as offspring of Holocaust survivors, carry the unresolved conflicts, pain, and unmourned losses of their parents. The child simultaneously knows and does not know about the parent's trauma.

> The coexistence of the offspring's global identification [with the parent] on the one hand and the denial or repression of the parent's trauma on the other . . . creates a gap in the child's emotional understanding, a gap I have labeled a *psychic hole*. The psychic hole can be seen as a state in which conscious ignorance of the Holocaust (the hole) is one side of the coin while unconscious knowledge of it is the other . . . . [The psychic hole] is created through the denial or repression of the trauma by the parents (a trauma that, by means of "primitive identification," the offspring attribute to themselves), as well as through the offspring's repression of the traces of the trauma. [pp. 94-95, italics in original]

Kogan describes with great sensitivity and insight several patients in whom the parents' trauma is symbolically repeated in the life of the offspring. "Children who become burdened by memories that are not their own . . . often echo the dramas existing in their parents' inner worlds by enacting them in their own lives" (p. 93). Kogan's usage of enactment is closely related to Freud's (1914) concept of remembering in action that which cannot be consciously remembered and represented in words,[1] though of course the trauma in these instances was the parents' unspoken history communicated to the child through innumerable acts and emotional reactions. The enactment functions as both defense and communication.

> I am defining enactment as the compulsion of Holocaust survivors' offspring to re-create their parents' experiences in their own lives through concrete acts. Thus, enactment refers only to the externalization of traumatic themes from the past and not

[1] Freud, S. (1914). Remembering, repeating and working-through. *S. E.*, 12.

> to what occurs in the relationship between patient and analyst in the analytic situation. [p. 92]

Kogan believes this type of enactment is functioning as another powerful defense against mourning. The analytic work should therefore be directed toward uncovering the actuality of the trauma so that the patient can differentiate fantasy from reality, relocate the trauma in the life of the parent, "consign it to the past," and interrupt the compulsion to repeat (p. 102). Toward this end, she recommends a stance of active support and even direction in gathering historical information. Uncovering the historical trauma of the parent can be the basis for organizing inchoate feelings and achieving understanding of the enactments. In my view, knowledge of the trauma potentially goes much further than this; it provides the frame for understanding the offspring's fantasies, the intersubjective field of parent and child, and the ongoing impact of these internal realities in the patient's life, beyond specific enactments. I believe that Kogan would agree, although these subsequent integrations are not her focus.

Chapter seven, "On Being a Dead, Beloved Child," offers a particularly vivid and poignant window into Kogan's analytic work and her own life experience.[2] This is Kogan at her finest: honest, self-inquiring, and compassionate toward both herself and her patient. The patient, Nurit, was an accomplished scientist, wife, and mother of three who was tormented by compulsive checking behaviors, periods of confusion, and self-doubt. Nurit's parents were both Holocaust survivors and each had had a young daughter murdered by the Nazis. They met in Israel after the war and bore a single child together, Nurit, who inevitably was a "replacement child." Kogan observes:

> The replacement child's self-perception is often as a loved and narcissistically valued being, but only on the condition that he or she fulfills the destiny of the child who was lost. Since it is impossible to compete with an idealized rival whose sins have

[2] *Editor's Note:* A version of this chapter was previously published in *The Psychoanalytic Quarterly.* See Kogan, I. (2003). On being a dead, beloved child. *Psychoanal. Q.,* 72:727-766. Three commentaries on the case, by Charles Brenner, Antonino Ferro, and James M. Herzog, accompanied this publication.

> been paid for by death, the dead child becomes a hated "sibling" who destroys the autonomy of the survivor child's ego ideal . . . . When parents encounter their children's antagonism or hostility—a result of the pressures they themselves have put upon the children to fulfill this task—they tend to treat the children as though they were reincarnations of the Nazi oppressors. [p. 124]

Nurit described a wonderful childhood, adored and protected by her mother, but a persecuted adolescence, beginning when she was eleven, the age of the murder of her mother's first daughter. At this time Nurit, the replacement child, was seemingly rejected, displaced by the mother's missing, "real" daughter. Indeed, since Nurit's mother was not present at the child's death, she may never have fully accepted that this first daughter was gone. Kogan's description contains a fascinating slip:

> Consciously, Nurit remembered that her mother had regarded her as the cause of her unhappiness. Consequently, throughout adolescence, she saw herself as a bad, egotistical person, and felt guilty about it. I believe that, unconsciously, Nurit felt guilty about her aggressive wishes toward her *little sister*—Mother's child—and toward Mother herself, wishes that stemmed from feeling wronged by them. [p. 137, italics added]

Of course, this "little sister" was born at least fifteen years before Nurit, but she remained a child for Nurit, her mother, and her analyst, a ghost who was never laid to rest, while Nurit grew beyond her into adolescence and adulthood. Such is the power of the failure to mourn.

The experience of the replacement child is probably familiar to every analyst, with all the associated shame, rage, envy, and so forth. But, as this case so powerfully and painfully illustrates, the quality of this experience is greatly magnified by the immeasurable pain and horrific cruelties provoked by the Holocaust.

Kogan reveals at the end of the case that she and her patient share the poignant and complex personal experience of being a replacement child for their mothers. Living in Eastern Europe during the war, Kogan's parents chose not to have a child, instead enduring multiple miscarriages and abortions. She was the result of her mother's thirteenth

pregnancy, and grew up perceiving herself as the replacement for all these lost children, and particularly the first son who had been aborted.

> Although I was . . . very much aware of the difference between a live child murdered by the Nazis . . . and a fetus aborted by a mother because of her fear of the Nazis, the images, identifications, and unconscious fantasies involved in being a replacement child of parents traumatized by the Holocaust affected me to such an extent that for a period of time, I completely identified with Nurit and fell under the spell of her internal world . . . . I became the helpless, frightened little Jewish girl, while the patient became the omnipotent Nazi persecutor whose murderous rage I did not dare arouse. [pp. 153-154]

Such candid revelations are found throughout the book, and bring patient, analyst, and reader into the analytic situation in a way that few analytic writers have.

Kogan's conceptualization of mourning as the fundamental process underlying adaptation to any painful reality was initially difficult for me to integrate. This conceptual expansion seems to derive from the explicit assumption that the recognition of external reality requires letting go of *and mourning* the universal fantasies of omnipotence, immortality, and perfection—the substance of the paranoid-schizoid position. Manic defenses such as denial and omnipotence avoid painful reality—including, but not limited to, painful losses. Do we believe that acknowledging reality always involves mourning? And if it does, is the loss of omnipotence mourned in the same way one mourns the death of a loved one?

I question the assumption that the process of internal adaptation to *all* situations of loss or change can be understood through a singular lens, that of mourning—or, said another way, that mourning is a singular and unified process at the level of intrapsychic change. Despite this reservation, I discovered that I was listening to my patients somewhat differently after reading this book. As I pondered the change in my experience, I eventually realized that I had adopted a different attitude toward the everyday repetitions in each treatment. Moments that I might formerly have understood under the rubric of *working through* I now was reconceptualizing as *mourning*. This shift added something to my appreciation of the work.

Throughout the book, and in virtually every case presentation, Kogan refers to "much psychic work" being undertaken by analyst and patient (pp. 23, 27, 56, 59, 79, 84, among others). She does not expand on the nature of this work beyond repeated references to confrontation with manic defenses and the associated process of mourning. I might have spoken of working through to capture this process. As I contemplated the juxtaposition of *working through* with *mourning,* I began to grasp a parallel, and to sense unifying intrapsychic dimensions in these processes. Working through is an obscure process, usually described as the repetitive, and perhaps increasingly accurate or complete, recognition of unconscious conflicts or emotional patterns, required in the effort to integrate new understanding. The essence of mourning a loved one is also repetition—remembering each instance, each moment of engagement, whether in love or anger, passion or conflict—but remembering them in the new context of absence. Is that an apt description of working through—repeatedly confronting instances of an old conflict or fantasy within a new context of understanding?

If so, the old pattern is equivalent to the love object, which can only be let go of in increments, and only as its many aspects are seen and reseen from a new perspective. For me, this particular insight has the power of an organizing principle about psychic change, and is an apt metaphor of why we all struggle against change, even when the change is actively desired.

JULIA MATTHEWS (NEEDHAM, MA)

THEATERS OF TRAUMA: DIALOGUES FOR HEALING. By Richard Raubolt. Bloomington, IN: IUniverse, 2008. 102 pp.

Very few analysts openly discuss their cases publicly, let alone disclose the minutiae of their clinical work in the literature, despite the fact that they pride themselves on being good clinicians. What do we make of this paradox, this contradiction in disclosedness versus identity? Perhaps it is simply because it takes courage and radical self-acceptance to honestly report what one actually does in the consulting room—exposing it for all to judge. Yet analysts like to read others' stories of being in the trenches. Together or alone, we are drawn to therapeutic dialogue, the heart of what we do every day. Is this interest based in a primal curiosity, the need to compare or compete with our colleagues, to gain affirmation and validation for what we do; or to negate how we actually conduct ourselves behind closed doors?

Perhaps this fascination further reflects the dialectic between voyeur and exhibitionist, even an epistemophilic one. Whatever our motives, reading autobiographical therapeutic dialogue often resonates within our inner being, evoking the unique ways of suffering that we bear for our patients and ourselves, and hence our inner experience is echoed in the interior of the other.

Raubolt has written a very intimate, moving, yet unpretentious account of his clinical work with traumatized patients that affords us a front seat in the private theaters of emotional anguish experienced by both patient and therapist. Devoid of typical psychoanalytic jargon, this slim volume is written like an inviting literary novel, with the notable exception that the subject matter is not fiction. Told in his own voice, using evocatively descriptive prose, these are war stories that underscore the subjective torrents and emotional lives of the analytic dyad, with all the sordid content and raw affectivity that only the therapeutic encounter reveals—uncensored, unmanufactured, real.

Both Raubolt's writing style and his revelations are as eloquent as they are disturbing, exposing the reader to the brutality of trauma, whether blatant, cryptic, or subtle. The book is loosely organized into detailed accounts of verbal narratives and interchanges that have transpired between patients and the author in analytic hours, along with his reflections, musings, and therapeutic enactments. It is a rare window into feeling the affective ambiance that exists between two subjectivities struggling for reciprocal expression, understanding, transmutation, and healing. What makes this book even more aesthetically and poignantly vital is the series of drawings by Michael Schaeffer that appear after each chapter, each one designed to highlight the emotional empathic intensity that is unique to a particular case vignette.

Rather than summarize each chapter, something that would spoil the experience of reading the book, I shall instead make some general observations. Raubolt does not conceal the often unspoken fact that we have loving feelings for our patients as a result of experiencing their psychic pain—through having the privilege, albeit voyeuristically, to feel and know their suffering as we become receptacles of their offerings.

In allowing us to read the disturbing details of his patients' lives and to see how personally touched and devoted he is to helping them in their healing processes, Raubolt shows his relational orientation as he shares a mutual identification with each of his patients that informs his therapeutic technique. He is also deeply revealing about his own health afflictions, countertransference struggles, and personal values as they are authentically expressed in the here-and-now dialogue. He furthermore does not shy away from describing successful interventions as well as failures, and here he presents both a confession and a catharsis for the reader, making use of a refreshing air of genuine human candor that is rare in clinical analytic accounts. While some readers may take exception to some of the author's interventions or criticize him for being too permissive at times—by failing to take control or establish firm boundaries within the therapeutic frame—they will nonetheless applaud his bravery and therapeutic honesty.

In certain respects, I am reminded through Raubolt's narratives that *we read in order to look for ourselves.* In reading his dialogues, I became more aware of why, at times, I feel more alive when in the immediate presence of a patient's verbalized or felt suffering, recognizing the perverse pleasure of *jouissance* in experiencing this suffering in a context where there is a mutual possibility of finding meaning. Why are we drawn to trauma—even if this phenomenon simply reflects the current preoccupation of mental health professionals or of popular culture today? Because, whether in the consulting room or at the movie theater, we seek what we know—having either directly experienced it or indirectly absorbed it. Perhaps, mainly unconsciously, we are attempting to transfigure our inner traumas through hearing others' stories—to bear witness to our shared suffering, to affirm that we are not alone, to confirm that we have survived.

Every analyst should read this book, if not for the collective identification it elicits, then for the humanity it represents. Raubolt personifies the best of the spirit of the profession, and the breadth of his empathy and compassion are palpable on every page.

JON MILLS (AJAX, ONTARIO, CANADA)

BIOLOGY OF FREEDOM: NEURAL PLASTICITY, EXPERIENCE, AND THE UNCONSCIOUS. By François Ansermet and Pierre Magistretti. Translated from the French by Susan Fairfield. New York: Other Press, 2007. 254 pp.

Biology of Freedom is co-authored by a psychoanalyst and a neuroscientist, both from Switzerland. In the preface, they boldly state that "plasticity is no more and no less than the mechanism through which each subject is singular and each brain is unique and free" (p. xvi), and by the time the reader has finished this volume, he or she will have a deeper appreciation of the psychology and biology of the uniqueness of each mind.

The book draws primarily on the work of Freud, Lacan, William James, Antonio Damasio, and Eric Kandel, weaving together their ideas to describe a theory of the unconscious. This theory develops several lines of thinking: the biology of the synapse; the relationship of the synapse to the inscribed psychic trace; observations on specific, bundled, functional neuroanatomic pathways that the authors see as particularly relevant to unconscious mental functioning; and the ramifications of William James's notions about somatic states and the body—that "perception alone . . . is neutral with regard to emotion" (p. xviii), and that the experience of external as well as of internal reality emerges from links forged between representations and specific somatic states.

The authors would very much agree with Freud's assertion that "the ego is first and foremost a bodily ego."[1] They state that "the reading or recollection by particular neuronal systems of the somatic state associated with the perception, or with traces it left in the synaptic network, is a determinative factor in subjective emotional experience" (p. xviii). Damasio's ideas about somatic markers—body memories or somatic states that are linked consciously or unconsciously to representations—are given great weight throughout the authors' argument. The somatic state, conscious or unconscious, that comes to be associated with the trace of experience becomes "an integral part of the fantasy process" (p. 106).

The authors are essentially concerned with understanding the process of unconscious thinking and unconscious fantasy formation from

[1] Freud, S. (1923). *The Ego and the Id. S. E.,* 19, p. 26.

a neuroscientific perspective. In providing neuroscientific evidence for psychoanalytic theories of mental functioning, they demonstrate a sophisticated grasp of the dynamic flow of unconscious thought. At the center of the book is the phenomenon of the inscription of all experience as a trace in the neural network, "an internal reality under permanent construction" (p. 176), and the freedom from genetic determinism that plasticity makes possible. Noting that they could have entitled their volume *Sculptures of the Unconscious* (p. xvi), they draw an analogy between the plasticity of unconscious mental functioning and the plastic art of sculpture—introducing the book with a discussion of Giacometti's *The Hour of the Traces* (p. xvii). This piece, as well as Giacometti's description of the creative process involved in its production, inspired the authors, who describe the sculpture "as a metaphor of unconscious internal reality constituted trace by trace" (p. xvii).

The book is a kind of extended essay that has a quaint and even quirky quality, replete with chapter titles such as "Milk and the Sound of the Door: Mental Traces and Somatic States" and "The Couple at a Red Light: The Influences of Internal Reality." Transference and countertransference are not mentioned. There is no process material from sessions, no discussion of analytic technique—indeed, no mention of anything that goes on in the analytic consulting room per se. The limited case material they present comes in the form of brief and rather generalized vignettes. And yet, despite what would appear to be significant constraints, Ansermet and Magistretti use their neuroscientific and clinical observations to illuminate concepts at the heart of psychoanalytic thought—unconscious fantasy formation, drive theory, and the differences between unconscious and conscious/preconscious mental processes. They are particularly interested in investigating the process, more than the content, of unconscious thinking. My impression is that their fine-grained approach is best suited for psychoanalysts and neuroscientists, in contrast to the approach of other authors who have aimed at a wider audience in addressing similar subject matter.[2]

[2] See, for example: Doidge, N. (2007). *The Brain That Changes Itself*. New York: Viking Press. See also: Frank, D. L. (2008). Neuroplasticity: bridging psychoanalysis and neuroscience [a review essay on *The Brain That Changes Itself*]. *Psychoanal. Q.,* 77:921-938.

Early on in the book, we learn about the synapse, where all experience leaves a trace on neuronal networks. The authors detail the structural biology of the transfer of information between neurons and the multiple levels in which presynaptic and postsynaptic variables interact to alter the flow of information. We are presented with basic neuroscience, but with an emphasis that helps the reader come away with an appreciation of the exquisite complexity and multiple sites of potential dynamic change in the structure and function of the synaptic circuit—how synaptic efficiency can be modified on a short-term or long-term basis.

We learn that the higher the concentration of calcium in the presynaptic neuron, the more likely it is that presynaptic vesicles containing neurotransmitters will fuse with the presynaptic membrane and release their neurotransmitters into the synaptic cleft. The capacity of the presynaptic neuron to vary the amount of neurotransmitter released is one site for plastic change. Each neuron can receive up to 10,000 synaptic contacts from other neurons. The number of action potentials (sudden changes in the electrochemical gradient across the membrane) in space (spatial summation) and in time (temporal summation) affects the excitation level of the postsynaptic neuron, forming another site for plastic change.

On the postsynaptic side, we learn about ionotropic and metabotropic receptors. Neurotransmitters that act on ionotropic receptors influence the excitability of the postsynaptic neuron by creating channels between the extracellular and intracellular regions, which allow for an electrical current to operate over several milliseconds. Glutamate, the principal excitatory neurotransmitter, produces depolarization, while gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter, causes hyperpolarization, diminishing excitability. Postsynaptic neurons integrate the number of excitatory and inhibitory potentials they receive. Metabotropic receptors activate enzymes in the postsynaptic receptors, which form new molecules: so-called *second messengers,* which are "held in reserve near the membrane" (p. 30) and modify cellular functions such as the activity and number of ionotropic receptors, thus creating another site for plastic change.

Kandel's work on the snail *Aplysia* is described to demonstrate that "certain stimuli coming from the external world leave a trace in the

neural network in the form of modification of synaptic efficacy . . . a trace left by experience at the level of the very structure of the synapses" (p. 68). A diagram of the "duplication of the dendritic spines during synaptic plasticity" illustrates that the trace of experience is "literally inscribed in the neural network by the structural modification of the synapses" (p. 68). We also learn about plasticity as it relates to long-term changes in gene expression, leading to new protein synthesis, which is necessary for the "long-term consolidation" (p. 71) of synaptic changes, as opposed to shorter-term plastic changes in already existing proteins in the synapse.

Essentially, *Biology of Freedom* is concerned with the sequelae or downstream ramifications of the synaptic trace as it propagates: "From one reworking to the next, the variability of responses increases, distancing the person from his determinants. In this way, the epigenetic process, whose plasticity is an operator, separates the person from his genetic determination" (p. 182). Ansermet and Magistretti describe "neuronal assemblies, dynamic associations among sets of neurons, defining a constellation of characteristics peculiar to a given object or experience" (p. 79). They draw parallels between Freud's psychic trace, Lacan's signifier, and the neuroscientific synaptic trace, stating that "the trace, which is at the center of the phenomenon of plasticity, lies at the intersection of the neurosciences and psychoanalysis" (p. 241). Using Lacanian language, they provide schematic diagrams (p. 88) to illustrate the chain from the perception of external reality (which they call the *signified*), to a synaptic trace (*signifier*), to a new trace that is the result of the interaction of several traces and that constitutes a *new signifier*. The new signifier reacts with other traces to result in a *new signified,* "which may not correspond at all with the signifieds of external reality" (p. 88). "These new signifieds constitute elements of the fantasy scenario belonging to the unconscious internal reality of each person" (p. 88).

> The trace of the experience inscribed through the mechanisms of plasticity can undergo many reworkings and become associated with other traces, distancing the subject from the event that took place. These mechanisms of association operate in such a way that mental reality goes beyond the experiences that caused the initial trace. To put it in other words, a set of traces that

> are associated and combined substitute for the experience . . . . Thus from transcription to transcription, the experience as such gets lost by means of the mechanisms of synaptic plasticity, even though it has produced durable traces. [pp. 45-46]

Ansermet and Magistretti provide an example of how experience is "retranscribed several times over in a different way, and it is thus, on the basis of one of its later fates, that at a particular moment it can become determinative for the subject" (p. 44). Referring to *The Interpretation of Dreams* (1900), they describe the revival of Freud's conflicted identification with his childhood hero, Hannibal, while traveling and in the process of applying for a professorship at an anti-Semitic Viennese institution. At the time, Freud was worried that the job would compromise his principles. Freud's analysis of his decision to turn back at Lake Trasimene, returning to Vienna rather than going on to Rome, is discussed in the context of how signifiers such as "*Trasimene, Hannibal, Rome, journey*" (p. 86, italics in original) come to be associated with other signifiers—"*cap, sidewalk, Jew*" (p. 86, italics in original)—to create a *new signified*. The background is the familiar story of his father's compromising his principles and losing esteem in the young Freud's eyes when, as a boy, he was told about the elder Freud having submitted to humiliation by an anti-Semitic bully on the streets of Vienna.

The authors then describe the production of "new signifieds, such as *father's humiliation, academic compromise*" (p. 86, italics in original) in depicting Freud's analysis of his inhibition in not allowing himself to avenge his father, or surpass him, by going on to Rome. The revisiting of Freud's self-analysis, using Lacanian theory, offers an interesting perspective, although I feel that more explication and clarity regarding aspects of Lacan's terminology would have been helpful throughout this section of the book.

My experience is that *Biology of Freedom* really gets going in its discussion of Damasio's ideas about somatic markers—body memories. The authors discuss neural circuits called "transductors" (p. 103; perhaps the translator means *transducers?*), the most important being the amygdala, on the medial side of the temporal lobe. It receives afferent pathways from the sensory systems and then projects neural pathways toward areas

of the brain that control the autonomic nervous system and neuroendocrine systems, which regulate physiological functions such as heart rate, temperature, and blood pressure. Of special interest is the description of LeDoux's observation that some pathways exist through which "sensory stimuli can directly activate the amygdala *without passing through the primary sensory cortical areas*" (p. 202, italics added). This pathway "links external stimuli to somatic states in a way *that remains unconscious*" (p. 202, italics added). Some of the synaptic traces inscribed in the amygdala are therefore "unconscious from the outset" (p. 197).

The authors also tell us that the amygdala mediates between a fantasized, internally created image and its somatic state, just as it acts as a transducer between the perception of a real image in the external world and its associated somatic state. Internally constituted representations from the prefrontal cortex activate the amygdala. In elaborating this process, the authors ask us to recall the image of a former girlfriend during a "delicious weekend in Rome" (p. 99), and to notice the "very pleasant feeling associated with these images" (p. 99), observing that "the represented image is also associated with feelings more or less perceptible on the level of your body" (pp. 99-100). Their point is that, whether conscious or unconscious, "there are somatic states associated with a perception or a representation" (p. 100).

Ansermet and Magistretti then describe the *interoceptive* pathways that "in effect photograph the somatic state" (p. 104). Information about the somatic state or physical sensations inside our bodies is read or detected by the *insula*, in the parietal area of the sensory cortex, which then sends pathways to other areas of the cortex. Furthermore, pathways from the amygdala project directly back to the prefrontal cortex, "the neuroanatomical substrate in which working memory operates" (p. 207). The authors believe that the amygdala occupies a crucial or "strategic position" (p. 204) in "joining sensory perception and somatic responses" (p. 203), and this position "makes possible the reactivation of previously inscribed unconscious traces and the associated somatic states" (p. 204).

As with all the retranscriptions they describe, the authors observe that "traces initially inscribed in the networks of the amygdala can become associated with each other and reinscribed in such a way that they are no longer in relation with the external stimuli that produced them"

(p. 210). These traces, they note, are "the substrate, or one of the substrates, of the fantasy scenarios and the associated somatic states that constitute what we have called unconscious internal reality" (p. 209). "The amygdala is a primary interface between the perception of external reality, the determination of somatic states, and the functioning of working memory and thus ultimately of taking action" (p. 209).

Working memory, an executive function, is defined as a memory system located in the prefrontal cortex that "enables us to 'work on' different pieces of information coming from both external reality and the conscious memories inscribed in our memory system . . . [as, for example, in] keeping in mind a number we looked up in the phone book so that we can dial it" (p. 200). Using Lacanian language, the authors point out that life would be simple if working memory were shaped only by "immediate perceptions and conscious contextual memories. Our actions would always be directly connected to the immediate perception. We would be in a logic of the sign" (p. 201). Pathways that connect the amygdala with the prefrontal cortex are noted to be important in explaining how the "fantasy scenario intervenes in the determination of action" via transfer of information involving "the fantasy scenario and the associated somatic states" (p. 208) to regions responsible for the executive function of working memory. "This scenario can interact with the assessment of external reality, making it enigmatic for the person and interfering with consciousness" (pp. 88-89).

In addition:

> The amygdala not only provides information from the fantasy scenario directly to working memory, but it also modifies the perception of external reality at the earliest stages, thereby potentially influencing the nature of the information transmitted by the sensory relays to working memory. [p. 209]

Indeed, "our life is somehow a permanent shuttling back and forth between the moment (when the primary sensory systems are in action) and the recall of representations (when the memory systems are active)" (p. 99).

I cannot do justice here to the authors' thinking about what they call "the somatic anchoring of the drive" (p. 177). Freud's frontier concept

of the drive is given a central position in their theory of mind. The drive, they state, "has its origin in the association between a fantasy scenario and a somatic state" (p. 142), and

> . . . the work of psychoanalysis is to decode internal reality by including the processes peculiar to somatic states, that is, by referring in a fundamental way to the drive dimension, so as to allow for direct access to external reality and make possible an action free of the fantasy constructions that so greatly interfered with it. [p. 178]

"It is the distinctive function of psychoanalysis," write Ansermet and Magistretti, "to decode this physiology of the unconscious" (p. 177). "The unconscious is what makes it possible to organize somatic states into drives that enter into a physiological system aimed at the maintenance of the internal milieu and homeostasis" (p. 170). We are told that contemporary neuroscience is now providing evidence to support Freud's notions of constancy and of energic phenomena, described in *Beyond the Pleasure Principle* (1920)—that is, that the mental apparatus operates to establish homeostasis through drive discharge so that internal levels of excitation do not become too great, taking "routes that are consolidated by the mechanisms of plasticity through repeated use" (p. 157).

Throughout the volume, the authors emphasize their central observations about the joining of quantitative somatic states with qualitative unconscious representations. They describe the developmental transition from the infant's being "at first seized by somatic states" to the need-satisfying object's actions "that gradually inscribe the trajectory of the drive" (p. 168). The process of this developmental coupling of somatic states with unconscious mental traces involves a significant role for unconscious internal reality in "the channeling of the living being's energy" into a drive, and suggests to the authors "*a biological function of the unconscious for the survival of the individual*" (p. 168, italics added). The presence of unconscious internal reality allows for an organized discharge of excitation through pathways for drive discharge that have been consolidated via plasticity and that become homeostatically self-regulating. Citing Freud's death instinct, the authors explain their belief that, without such avenues for the channeling of unpleasurable, excit-

atory somatic states via unconscious fantasy and the fantasy scenario, the "entropy" (p. 170) or "unlinking" (p. 169) of these states would lead to the destruction of the individual.

In discussing cognitive neuroscientists' contemporary ideas about explicit and implicit memory systems, the authors assert that these constructs do not have enough explanatory power to sufficiently account for unconscious mental functioning. I found their critique of the limits of confining the unconscious to explicit and implicit memory—an approach that, in effect, loses the dynamic unconscious—to be compelling. They tell us that the hippocampus is the region most associated with explicit memory ("memory accessible to awareness," p. 210). Implicit or procedural memory "involves cognitive mechanisms that are fully able to be recalled to awareness and have nothing to do with the unconscious in Freud's sense" (p. 219).

Ansermet and Magistretti believe that, although the cognitive neuroscience concept of implicit memory accounts for a kind of unconscious memory, it does not take into account the retranscription "of traces initially inscribed in the networks of the amygdala" (p. 210); "the unconscious is above all a rearrangement of traces in a fantasy scenario, these traces no longer having a relation to the external experience that generated them" (p. 220). The "fantasy scenario" involves rearranged traces that "serve as the building blocks of unconscious internal reality" (p. 219). Interestingly, the authors emphasize the *unpredictable* nature of this process of construction. They prefer the term *unconscious internal reality* and emphasize the word *reality:* "For mechanisms of transcription and association create an internal reality that is distanced, indeed completely cut off, from the experience linked to external reality" (p. 219). Writing that "unconscious internal reality is in fact what makes us unique beings" (p. 211), they explain their belief that synaptic plasticity provides the vehicle that "opens a path for the constitution of a newly created internal reality that is unique, peculiar to each person, and that itself becomes the source of stimuli and new perceptions" (p. 216). They are essentially revisiting the core psychoanalytic concept of the psychic reality of unconscious fantasy with a neuroscientific emphasis.

The authors convey a lyrical respect for psychoanalytic work, as evidenced in the following statements:

> The work of analysis is aimed at making the person conscious of the fantasmatic nature of the scenario that he has constructed and that makes him see reality through a small window. It seeks to free the person from fantasy as the sole solution . . . to pass from the restrictions of an unconscious internal reality to the possibilities offered by whatever may happen. The fact that the inscription of experience by the mechanisms of plasticity creates a distance from experience paradoxically offers a person freedom . . . . Neural plasticity is thus a condition of a possible plasticity of becoming. [p. 239]

Plasticity, according to the authors, makes it possible for the patient "to free himself from the constraints of a rigid fantasy scenario . . . to use the fantasy instead of being used by it" (p. 239), and they favor defining the psychoanalyst in a new way: "as a practitioner of plasticity, that is, someone who is counting on the potentialities of plasticity to reopen the field of possibilities" (p. 240). They also describe constraining influences upon the potential for plastic change, conceptualizing trauma as potentially pathologically interfering with normal plastic function and leading to a "disease of plasticity" (p. 189).

Ansermet and Magistretti devote considerable space to neuroanatomy, but without a reductionist or locationist approach to understanding the unconscious. My impression is that they are carrying the torch in further clarifying core psychoanalytic concepts, and that their detailed descriptions of synaptic plasticity and neuroanatomic pathways bolster and enrich our understanding of these concepts; these descriptions also confirm the observations of generations of clinicians and psychoanalytic theorists who were not neuroscientists. They go so far as to state that the ramifications of synaptic plasticity have created a "paradigm shift" (p. 243). I see this as less a paradigm change than a model that integrates two disciplines, one that expands our understanding of unconscious mental functioning.

Either way, my overall impression is that Ansermet and Magistretti have done an admirable job in attempting to synthesize elements of neurobiology and psychoanalysis. The reader comes away from *Biology of Freedom* with a refreshed understanding of basic psychoanalytic ideas seen in the light of the rapidly expanding world of neuroscience.

DAVID L. FRANK (NEW YORK)

INTEGRATED TREATMENT OF EATING DISORDERS: BEYOND THE BODY BETRAYED. By Kathryn Zerbe. New York/London: Norton, 2008. 370 pp.

Is a psychoanalyst the right person to treat patients with eating disorders? Yes, if psychoanalysis is conceptualized not as a method, but as a way of helping patients with a wide range of developmental needs and adaptations. Katherine Zerbe is such a psychoanalyst. The first part of the book's title, Integrated Treatment, refers to George Engel's biopsychosocial model,[1] and Zerbe presents much useful information from the biological and social spheres. But the real focus of her book is not the one-third of patients who discontinue treatment after receiving such information, but those who stay for the deep exploration of a relational treatment that is flexible and generous.

The book is divided into three sections, and Zerbe plunges right into treatment in the first section. The approach is relational to the underlying developmental pathology. Central to the task is helping eating disorder patients find not only their own voices, but their true selves. Here the author follows Winnicott's concept, in which the child relinquishes its own needs and wishes and develops a false self in order to maintain a parental tie. As an example, a young patient is not heard by her mother unless she addresses the mother's concerns about her own weight. The young woman turns herself into an anorexic in order to be literally seen by her mother. Beneath this startling compliance, no doubt, lies great need for maternal nurturance, experienced as emptiness and pain leading to self-endangerment.

In the past, many eating disorder patients were admitted to residential centers, a path no longer feasible because of financial constraints. Zerbe urges an outpatient team approach, in part to dilute a savior transference, in part to provide the additional expertise needed because of danger to the body and to demonstrate concern about that condition. The team approach consists of nutritional counseling, family and group therapy, and medication. The latter is also thoroughly discussed. Zerbe

[1] Engel, G. L. (1977). The need for a new medical model. *Science,* 196:129-136.

offers a detailed section on metabolic dangers, which include death (significantly underreported) resulting from restriction and purging. To reduce this danger, she adapts cognitive/behavioral methods, assigning homework to the patient in the form of user-friendly charts that can be flexibly utilized. In day-to-day therapy, Zerbe counsels an active, hopeful stance that supports, encourages, and demonstrates the difference between present and past relationships.

The book's subsection headings are illustrative of her concern about the reader's need to understand the complexity of underlying problems and the requirement for therapist-initiated interventions. A few examples are emblematic: "Dealing with the Dialectic of Autonomy and Healthy Dependency," "Encouraging Power and Competence in Activities," "Validating Personal Authority: Promoting Intimacy." There are many bulleted tables, as, for instance, table 1-5, "Deconstructing the Meaning of Food" (p. 66). Of special interest here is bullet four, "Have food available if patient is hungry." In the elaborative text (p. 67), the author reports that therapists who treat patients with eating disorders frequently talk about such feedings in their practices, but notes that there is scant literature on the topic. Yet she also urges exploration of the patient's reaction to the use or misuse of food.

In regard to the need for touch, the author is more cautious. In discussing issues of body image, (p. 67), she correctly asserts that "verbal therapies . . . are often insufficient." She recommends sending patients for massage therapy, "where they can experience *self* touch" (p. 67, italics added).

Zerbe concludes the middle phase of the treatment section by addressing an issue of significance, often omitted in treatment guides: the nature of the relational tone of the entire therapeutic enterprise. On one side is the disparity of power between therapist and patient, which she clearly believes should be minimal. On the other side is the patient's need for praise—paradoxical only on the surface, because praise makes use of the analyst's power of suggestion, considered unanalytic and even unethical by the minority of psychoanalysts who still mine for pure gold with mythical patients. In regard to equality, Zerbe touches on the need for a sense of friendship between the two participants, reaching back to

Horney's concept of the psychotherapy of everyday life (see Zerbe, p. 81), in which nonprofessionals help each other toward increased self-awareness, which Zerbe sees as a model for professional psychotherapy. Her references to Horney pleased me, because Horney was—and all too often is—obliterated from the psychoanalytic literature, despite the re-emergence of relational and attachment issues finally catching up with her.

In discussing her view of praise, the author credits not only behavioral treatments, but her dog trainer, who helped both her and her dog change through the use of praise. Zerbe's writing, which up to this point has been spunky, now reveals an anxiety that she might face psychoanalytic excommunication, as Horney did so many years ago. Her writing becomes humorous but also self-deprecating and cumbersome. She avoids the word praise altogether. Yet intuitively, she is correct in analogizing herself to her dog, I believe; simply put, humans, like other animals, live by two basic motivational systems: reward and punishment. Those who have suffered deprivation in the first must experience it—transferentially, to be sure—before they can "treat those two impostors just the same" (as Kipling said of triumph and disaster).[2]

The subtitle of the book, *Beyond the Body Betrayed*, is taken from the writing of Jane Fonda, which Zerbe cites in introducing the second section of the book. This section looks at eating disorders throughout the life cycle. Fonda wrote that, as a teen, she harmed or betrayed her body through her eating disorder. (I assume that the word *beyond* is used to convey that the self-blame implied in the word *betrayed* does not apply here.) It seems that Fonda may have attacked her own body in the hope of saving her mother, who committed suicide; in addition, she wanted to please her father, who demanded slender bodies in the women of his family. Under these circumstances, the development of an eating disorder could hardly be called a *betrayal;* rather, it is another example of the evolution of a false self, with its attendant treatment implications.

While such a tendency does not disappear over the life span, Zerbe's life-cycle approach helps to focus the therapist on the "why now" of the patient's seeking help. Under the sway of the false self, patients typically

[2] Kipling, R. (1910). If. In *Rewards and Fairies.* New York: Viking, 1988.

have difficulty verbalizing which developmental tasks and relationships are currently being interfered with.

If readers are beginning to wonder, after this section, what happened to the topics of sexuality and countertransference, they will find special attention to these in the final section. Apparently, sexuality is not frequently referred to by these patients, for whom eating disorders often represent their identity—a concept that was expanded upon by Sarita Broden, who notes that in full-blown anorexia, patients block out both their inner and outer worlds by their near-total focus on food.[3] Zerbe counsels actively bringing sexuality into the open so that patients may achieve a fuller life. Further, she confirms the belief that sexuality and its problems follow the problems of developmental relationships.

Zerbe runs through a gamut of transference and countertransference situations common with these patients, supporting, with research evidence, that they do better in the long run when transference is directly addressed. Apparently, she finds it necessary to make this point in light of the treatment approaches of nonpsychodynamic therapies, whose theoretical stance rejects this technique not only in cases of eating disorders, but in other cases as well.

Food and digestion, the author demonstrates, play a part in the reworking of the transference relationship. In one case, she sees the containment of the patient's aggression as a parallel to tolerating the patient's vomit, which the mother could not and would not do. In another case described by the author, the therapist accepted a special dish that the patient had prepared for her. In regard to countertransference, Zerbe reports fears of weight gain stirred up in one therapist. Another developed stomach rumblings and ravenous hunger during sessions, which helped her recognize that her patient was starving for love. In the end, Zerbe counsels steadfastness—that is, staying the course—and kindness, which eventuate in a lasting reduction of, if not complete relief from, the patient's psychic pain.

In the end, perhaps because the urged interventions imply a reparenting process, Zerbe cautions therapists about boundaries, going so far as to state that the goal of therapy is to have the patient mourn. She

[3] Broden, S. (2008). Personal communication.

refers to Giovacchini's observation that adults are never satisfied with milk as a meal.[4] For starving patients, mourning is likely impossible, and setting that goal for them may be unrealistic; in fact, this statement has the tone of a retreat. Nevertheless, with *Integrated Treatment of Eating Disorders,* Zerbe has served up a nutritious, three-course meal.

ERIC LAGER (PHILADELPHIA, PA)

[4] Giovacchini, P. L. (1984). The psychoanalytic paradox: the self as a transitional object. *Psychoanal. Rev.,* 71:81-104 (p. 99).

Volume LXXVIII, Number 4

ABSTRACTS

SCANDINAVIAN PSYCHOANALYTIC REVIEW

Abstracted by Henning Paikin

Volume 30, Number 1 – 2007

Erotization of the Analytic Situation. By Lars Christian Opdal, pp. 2-12.

The author describes erotized phenomena as they can be observed in the analytic situation. Erotization is understood as the patient's expression of basic needs in an erotized form, often without conscious awareness. The analyst, however, may recognize the erotization in his own fantasies and countertransference reactions. Erotized needs are typically expressed as demands for gratification through concrete action. The patient's conviction that the analyst can provide what is needed in a concrete way is understood by the author as a phallic defense that affects both patient and analyst, and consequently may be very difficult to analyze.

The analyst too, in his fantasy, may picture himself as an idealized provider, in a destructive phallic position in which he has everything and the patient has nothing of her own. It is considered important that, in this situation, the analyst is able to view the patient in terms of genital mutuality. In a clinical example, the author illustrates how the concepts of phallic one-sidedness versus genital mutuality can be used to expand the analyst's understanding of erotized phenomena.

Sibling Rivalry and the Structuring of the Mind. By Anneli Larmo, pp. 22-30.

It has been recognized that siblings—their relationships, as well as the fantasies, envy, and rivalry aroused by them—have been relatively

neglected in psychoanalysis. The question has recently been raised as to whether completed analyses should always deal with the fantasies aroused by the relationships to siblings, as well as to parents and the oedipal situation. This article discusses the resolution in psychoanalysis of issues related to sibling relationships.

In analysis, a triangular space is formed by the patient, the analyst in transference, and the psychoanalytic setting; in this case, the latter includes in particular other patients, representing the patient's siblings or fantasies of siblings. The feelings and fantasies aroused by the other patients originating from sibling relationships in childhood can now be dealt with in analysis. The analyst, in helping the patient deal with his formerly repressed or denied fantasies, envy, and rivalry, will become a developmental object with whom the patient can identify in order to create a new psychic structure for thinking about ideas and feelings.

Sándor Ferenczi: The First Intersubjectivist. By Imre Szecsödy, pp. 31-41.

Sándor Ferenczi (1873–1933) has been a controversial figure in the history of psychoanalysis. He was closely attached to Freud, on the one hand, and on the other, he experimented with a methodology different from Freud's that led to a schism between him and many leading analysts, including Freud. Contrary to his contemporaries, who saw countertransference as an impediment to analysis, Ferenczi emphasized that the analyst must concern himself with the experienced trauma of the patient in order to find the core of the relationship between analyst and analysand. By placing the personal relationship between patient and analyst as the essence of treatment, he aimed to refine the "gold" of psychoanalysis itself. Today there are few analysts who do not accept that intersubjectivity is central to psychoanalysis.

Volume 30, Number 2 – 2007

The Psychoanalytic Theory of Motivation: Drive or Affect? By Henrik Enckell, pp. 64-75.

During the last two decades, the self-image of psychoanalysis has changed. This paper suggests that Paul Ricoeur's model of reflection

may be used to bring these changes into focus. According to Ricoeur, we may look for the subject in an archaeological glance backward, or in a teleology reaching forward. This paper considers psychoanalytic motivational theory in light of this model.

Freud stated clearly that the drive gets us going, but contemporary psychoanalysts mostly vote for affect as the principal motivating factor. Following the metapsychological sequence model (with drive at one end of the spectrum and feelings at the other), the author asserts that the drive is to be found at the archaeological end and that affect is the teleological goal. The question of affect or drive is thus described as an issue of archaeological/teleological perspectives, and Enckell states that the shift to the affect motive may be seen as the sign of a general teleological turn in psychoanalysis. To conclude, he discusses the consequences of eliminating drive from motivational theory, and proposes a dialectic that preserves both affect and drive.

The Present and Absent Object: On Thinking and the Capacity to Symbolize. By Arne Jemstedt, pp. 98-105.

In this paper, Bion's various theories on the development of thinking are introduced: on the one hand, his theory of thoughts as resulting from tolerance for the absence of the object, and on the other hand, dream thoughts and waking thoughts as stemming from the presence of the object, originally through the mother's containing function. The effects of failures in this development are discussed, such as hypertrophy of the projective identification apparatus that occurs at the expense of thinking capacities. Briefly, a comparison is made between a facilitating relationship between container and contained, and the oscillation between the paranoid-schizoid and depressive positions, which Bion describes as a prerequisite for open symbolizing processes.

A discussion of Bion's theories and concepts is supplemented by material on Winnicott's theories on the creative illusion, the breast, and the mother as a subjective object, as a precondition for the symbolizing capacity that later develops in the potential space. Very briefly, a comparison is made between Winnicott's *subjective object* and Segal's *symbolic equation*. Clinical vignettes are interpolated.

Volume 31, Number 1 – 2008

Countertransference and the Characters of the Psychoanalytic Session. By Antonino Ferro and Roberto Basile, pp. 3-10.

The authors address the transference-countertransference axis as a central dimension of psychoanalytic work and apply the concept of the *analytic field* to describe this area. Initially understood as a locus wherein intersecting resistances of the patient–analyst encounter are reduced by the analyst's capacity for "second-thought" interpretations, the field today connotes a meeting point of the multiple potentialities of analyst and patient and of the worlds that emerge in their encounter.

Utilizing a Bion-inspired view of the field, enriched with concepts from narratology, a series of countertransference levels can be distinguished. Distinctions are based on the modalities that the field permits and makes use of to modulate its own tensions. Transformations of the characters in the session's narratives are shown to represent transformations in the analytic field. Explorations of such links elucidate the opening and closing of a "channel" between (the patient's) projective identifications and (the analyst's) reverie.

Fumbling Words: Similarities Between Poetry and the Early Stages of Interpretation. By Marita Niemi, pp. 11-20.

The author addresses similarities between poetry and the early stages of psychoanalytic interpretation by discussing a psychoanalytic vignette and excerpts from the work of Emily Dickinson, utilizing Matte Blanco's concept of symmetry and asymmetry. In the beginning of an analysis, the analyst's understanding may be expressed in net-like, fumbling words, which will naturally influence the analysand's experience. Words are initially used in searching and unexpected, symmetrical ways, and later, they gradually come to be used in ordinary, more asymmetrical ways. The suggestive nature of early analytic communications creates links to what is otherwise unobtainable. A facet of the interpretation process is to enable the analysand to think previously unthinkable thoughts. New perspectives evolve in the analysand's mind only when words are linked to reality perceptions and to a stable psychoanalytic frame, which con-

stitutes a necessary background to the emerging asymmetrical reflection and new self-representations.

Primal Seduction in the Psychoanalytic Relation. By Enar Olsson, pp. 21-28.

The analytic setting, as well as the analyst's initial communications, unavoidably exerts an influence that may be perceived by the patient as a sexually tinged intrusion, which evokes questions about what the analyst wants. Together with the asymmetry of the analytic relationship, these phenomena uncannily bring to life a repressed relationship between infant and adult, in which analogous stimuli constitute enigmas for the child. Laplanche's theoretical understanding of such enigmatic transference in terms of *primal seduction* is reviewed, and clinical material is provided to illustrate Laplanche's ideas. The discussion addresses "recentralized" and "decentralized" aspects of sexuality. Primal seduction is viewed as including not only intrusion, but also qualities of stimulation and trust.

Bodily Symptoms and a Psychoanalytic Model of Affect. By Erkki Åårelå, pp. 29-37.

In this article, the author examines bodily symptoms attributed to psychic mediating factors in the light of a psychoanalytic model of affect and symbolization. He uses clinical material from a consultation-liaison setting and a psychoanalytic treatment to illustrate how the model might help us understand different bodily symptoms as manifestations of different degrees of failure in the psychic elaboration of affect. On a more personal note, Åårelå adds that this newly acquired conceptual tool can be used in attempting to understand some of his own experiences during his twenty years of work in the psychiatry section of a general hospital.

Naturalistic Studies of Psychoanalytic Treatments: Some Epistemological and Methodological Remarks. By Siegfried Zepf, pp. 50-60.

The author discusses the extent to which psychoanalytic treatments can be tested nomologically. He concludes that nomologically oriented

research operates from assumptions for which no empirical foundation is possible in psychoanalysis. He further claims that findings of naturalistic studies obtained with the nomological conception of science merely suggest that psychoanalytic treatments are effective, and that the specificity of these treatments is overlooked in such research. To resolve this dilemma, Zepf suggests that naturalistic studies be separated from the nomological conception of science, and that the structures of the course of analytic treatments be examined and systematized within analytic theory relative to their outcomes.

A conclusion is that analytic treatments will be successful if the thus-articulated theoretical sequences are actually realized in treatments that also take into account the patient's individuality. This approach, however, requires that treatment theory be based on a psychoanalytic conceptual common ground.

Volume 31, Number 2 – 2008

Some Thoughts on Happy and Unhappy Love. By Esa Roos, pp. 77-85.

The subjective nature of love and happiness makes it difficult to examine them objectively. Outlining the purpose of human life as the search for happiness and the avoidance of suffering, Freud began a systematic study of the psychology of love. His most enduring contribution in this regard was the discovery of the link between adult and infantile love. Oedipal love gives us a feeling of certainty about what true love is. Mutuality and positive reciprocity are the secret of happy love. Love is a strong motivational drive in life, a force for psychosocial development, and a central interest of humanity. Love is an attempt to simultaneously find something new and refind something old. The author examines which psychological factors lead to a happy result and which lead to failure.

Neutrality, Tenderness, and the Analyst's Subjectivity: Reflections on the Analytic Relationship. By Anders Zachrisson, pp. 86-94.

Addressing the role of the analyst in the psychoanalytic relationship, Zachrisson takes issue with the emphasis on acknowledging the analyst's

subjectivity and the criticism of concepts such as neutrality and abstinence as these are presented in the relational tradition. He advocates better articulation and emphasis of these concepts in the service of understanding the impact of the analyst's subjectivity, and demonstrates how the mere loosening up of analytic neutrality and abstinence, and a general acceptance of the analyst's self-disclosure, make transference analysis more difficult to handle. Such an attitude also increases the risk for ethically dubious conduct, since there is a close link between clinical methods and ethical standards in psychoanalysis. In conclusion, the author points to the importance of the analyst's continuous self-reflection and countertransference analysis.

Run or Die: Bi-Logical Phenomena at the Body–Mind Border. By Timo Niemi and Riccardo Lombardi, pp. 95-104.

In clinical psychoanalytic work, one often encounters psychic material that is devoid of form or shape. It is often manifest as concrete somatic sensations at the border of the body and mind. At the same time, it is a primitive, body-related self-experience that functions as a background, an essential requirement for more developed, differentiated self-experiences.

Bi-logic describes a theoretical method with which one can outline these early, partially formless processes and states of mind. This paper includes an overview of the main hypotheses of Matte Blanco's bi-logical vertex, which focuses on the extreme symmetrization of mental phenomena that emanate from the body. Clinical vignettes illustrate ways in which analysis can gradually bring forth a form from the previously formless, dissociated, traumatic material, drawing it into the range of the conscious mind. In this way, the capacity for thinking and reflection increases and the early elements of self-experience are enlivened.

The Enigmatic "Nature of the Subject," with Philosophy at the Interface of Psychoanalysis and Society. By Jurgen Reeder, pp. 114-121.

Freud once placed psychoanalysis in a "middle position between medicine and philosophy." Yet, the meaning of that position has never been sufficiently clarified. The author suggests that the essence of the psychoanalytic experience is defined by the fact that its clinical practice

operates within a basically relational or intersubjective frame containing the analysand's self-interpreting reflection, which is here identified as ethical in nature. It is further argued that late modernity is experiencing a crisis in the art of reflection, accompanied by a flight from the ethical dimension. A common social response is to fall back on the authority of neo-positivistic science, making psychoanalysis increasingly redundant. To meaningfully connect with the consequences of this state of affairs, psychoanalysis needs to deepen the understanding of its unique essence. Toward that end, Reeder briefly sketches a model for collaboration with philosophy.