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LETTERS TO THE EDITOR

Dear Larry:

Peter Loewenberg refers to a "hitherto unknown letter" by Freud to Ernest Jones in 1921, in response to an inquiry from Jones concerning the propriety of accepting a known homosexual into membership in the Psychoanalytic Association. In fact, this letter was quoted in my book Homosexual Behavior: A Modern Reappraisal, published in 1980 by Basic Books. The response to Jones was made in a letter jointly signed by Freud and Otto Rank, and in it Freud and Rank made clear that homosexuality in itself was not a "sufficient reason" for excluding a person from membership.

The letter, dates December 11, 1921, was discovered by J.D. Steakley in the course of research into the early European gay rights struggle, and was published in Body Politic (May 1977, page 9), a Canadian Gay Lib Journal.

Judd Marmor, M.D.

Dear Larry:

Enclosed is the text of my address to members of our Society nineteen years ago. Some predictions I made then have come true, unfortunately. I am very disturbed about the low number of applications to the Institute.

It does not seem too late to mend our ways. We must allow new ideas and findings to transcend creatively with psychoanalytic concepts. We must demonstrate to potential new students that psychoanalysis is alive and able to join in the glorious scientific progress of our days. We must demonstrate that psychoanalysis is not incompatible with new insights in biology, medicine and psychology. We must insist that the valuable insights gained from psychoanalysis not be lost in the current fascination of "biological psychiatry."

Alexander S. Rogawski, M.D.

Editor's Note. Please see page three for Dr. Rogawski's address.

Dear Larry:

The entire issue was excellent. I know you will get many compliments on your tribute to Walter. The report on Homosexuality was outstanding. Peter is a good, mature and courageous writer. Roman Anshin's laudatory article was good, readable --
(Joe's article was a very good summary.) In other words: congratulations.

Martin Grotjahn, M.D.

Dear Larry:

I wanted you to know how much we appreciated your tribute to Walter Briehl. We traveled to Kenya and Tanzania with Marie and Walter about fifteen years ago. He was also a ladies man with his beret -- that attracted the women! I guess Marie and Walter were also interested in children affected by discrimination and poverty -- so we had a great deal in common. We will miss him.

We'll bring your article on Fex with us this summer and show it in Sils to the Nietzsche House Director.

Theodore B. Cohen, M.D.
Narberth, PA

(Letters to the Editor Continued on Page 32)

EDITOR'S NOTEBOOK

I feel that Alexander S. Rogawski's prescient address made nineteen years ago to members of the Southern California Psychoanalytic Society will be of great interest to our current membership. With pleasure I reprint it below.

S.L.P.

June 10, 1964

Dear Colleague:

For the past two years you have entrusted me with the management of the affairs of the Society and the representation of your interests. I wish to express my thanks for the confidence you expressed in me by electing and re-electing me to this honorable office. At this moment of the changing of the guard, it is customary that I report to you all major actions taken during my term, and that I reflect on present and future conditions. I have decided to submit my report in writing. This will give you an opportunity for critique and comment, to which I look forward respectfully. I wish to make it clear that the controversial portions of this report express my personal opinions for which I alone assume full and unequivocal responsibility.

During my term, the Society has experienced growth in numbers and organizational stability. Membership has increased by 20%, from 71 to 86. This growth created problems of communication, and I introduced presidential memoranda to keep you apprised of important past happenings and imminent tasks. The memoranda have been recently combined with the Institute Newsletter. It is anticipated that this publication will serve scientific communication to an increasing degree, following the example of several other scientific societies.

We were most fortunate to have two very hardworking, ambitious, and imaginative program chairmen in Drs. Kato van Leeuwen and S.L. Pomer. They provided us with a rich scientific program and experimented with variations in program planning, such as panels and workshops. Dr. van Leeuwen had an excellent idea of the annual Memorial Day weekend meeting. This year's second and successful meeting at Idyllwild has established in all participants the hope that such an annual out-of-town meeting will become a permanent tradition.

The fiscal soundness of the Society was established by a readjustment of the membership dues.

During the past two years our relationship with the Los Angeles Psychoanalytic Society has improved markedly. Some of our members have participated in courses of their extension division. We have had a speaker and a discussant from the L.A. Society at our meetings. A most clear expression of the wish for fruitful scientific collaboration was the recent combined meeting with Dr. Bertram Lewin as speaker.

Although this report demonstrates growth and development during two busy years, there is no cause for complacency. In my opinion, psychoanalysis faces the gravest crisis in its history of frequent challenge and resistance. No more can criticism of psychoanalysis be explained as the resistance of the uninformed and emotionally threatened. Current criticism originates in the ranks of our most thoughtful and knowledgeable friends. In the area of theory the gap between clinical experience and theoretical model has widened. It has become obvious that new basic models corresponding to contemporary scientific orientations are urgently needed. In the area of practice, we have become ever more aware of the limitations of the classic psychoanalytic technique. The need to apply psychoanalytic knowledge to variants and parameters of an increasing range of psychotherapeutic approaches is inescapable. Psychoanalytic parochialism may have been justified during a period of radically new approaches to the study of man but it has become a dangerous and restricting factor in the development of our science.

Analysts today must work toward the integration of findings of modern social sciences, of ethology, of experimental and developmental psychology, of cybernetics, and of neurophysiology with the body of theory and practice of psychoanalysis. As we cross the boundaries of our primary competence it is particularly important not to lose our identity as psychoanalysts. We are best qualified to interpret the unique contributions of psychoanalysis to our colleagues in other fields. Our daily clinical encounter with the essential irrationality of man, our grounding in the knowledge of primary process and symbolism, our inheritance of a system of interrelated theories and hypotheses concerning human behavior, imperfect as they may be, are the basic ingredients of our professional identity.

There is some hesitation in some of us to reevaluate and perhaps to discard aspects of our psychoanalytic system which only yesterday were considered basic for our science. There is a fear that if some posts are removed from the total structure, the structure itself is in danger. And yet the laborious challenge of reevaluating and reexamining every part of our theory and practice has to be met, and has to be met now.

The future, in fact the very survival, of our discipline, with its tremendous potential of contributing to the knowledge and welfare of mankind, will depend on the success of such efforts. It is my fervent hope that this Society of ours will play its part in this historic task, engaging all of us intensely in constructive debate, shared observation, and cooperative endeavor.

Alexander S. Rogawski, M.D.
President

PSYCHOBIOGRAPHY REVISITED

Sumner Shapiro, M.D.

Anyone who is honest will admit to his wanting a shot at immortality -- present company included. Among the better trod, less mystic routes that lead there used to be the ones that trafficked through an eponym. However, gone for good, it seems, those great romantic days of yesteryear in which discoverers affixed their names to "their" disease: de Bourneville, Felty, Stellwag, Moebius, and Gilles de la Tourette...

Small confession my acknowledging some toying with the prospect of my own, and an awareness that some success might rest upon the paragraphs below. They visit a somewhat different quarter of that psychoanalytic effort that we designate the "Psychobiograph." To augment and amend it so to warrant me my sin.

Let's position on the looser arc of an enormous spiral and progressively wind in. Arrival at the helix center will propound the argument that our discipline is ready to exploit a variant: the "Biopsychograph."

Fredrich August Kekule von Stradonitz who was deemed thefather of aromatic chemistry, won his title by elaborating the structure of benzene. Not unlike his forebearer, Archimedes (who lugged that damned crown everywhere -- on hikes, to bed, to dinner, and his tub), this scientist cried out "Eureka!" as he wakened from a dream. In it, a prophetic little asp had shaped a lozenge or a ring by nibbling at its tail. Its perfect circularity accommodated the electric needs and strict proportions of the carbons and the hydrogens at hand... a story that should titillate the analyst and spring his fantasies -- To wit? To wit, bemusement over serpentine phallacity, say nothing of that loop! Might one surmise that Kekule was victim of preoccupation that eclipsed his waiting wife? That concupiscence just as much as any happy accident had fuelled his fecund mind?

Then there was Dmitri Ivanovich Mendeleyev. For reasons that Biopsychograph may plumb, that worthy seemed obsessed. By gaps occurring in the table he designed. Of elements that he arranged in series, each according to its weight. To plug up the lacunae that were left he hypothecated three: eka-boron, eka-aluminum, and eka-silicon that later history affirmed -- renamed, of course (gallium, scandium and germanium). Might one suppose that Russian gentleman was phobic over holes?

Discovery by accident cannot be urged or forced. I know. I've tried. I've searched for "my" disease. While studying Ob. A simple exercise of logic led to an assumption that the fetal blastula or morula, if it continued to divide, or "twin," could do so to exuberance. With the result that parturition saw a liquid pouring forth. Not quads, not quints, nor simple exponential multiple thereof, but little "googol-tuplets." A plethora. A multi-myriad of cell-sized yet complete and well-formed kids (not listed yet in Merck).

I made another swipe. Also logically derived. Involving -- a la Mendeleyev -- a completion of the square ("triangulated" thus): A nerve infected and inflamed we designate as suffering neuritis. Related to it was the nerve-like states for which neurosis has been coined. To that is juxtaposed psychosis which invokes a state of mind. The missing member, inescapably -- psychitis -- has to be an inflammation of the mind. With all the cardinal signs. Calor, rubor, dolor, tumor, and some mental form of pus.

Many semesters ago a familiar voice transmitted through a wire asked if I would consider a course in Character Pathology. I mulled the matter momentarily and then, acknowledging my weakness, said I'd take it. "Teach it!" cried the voice, and then, with such assuring reassurance that I finally agreed. Contingent on the use of prior bibliographies. "No sweat, we've concentrated on the works of Abraham and Reich... of Aichorn and of Spitz." To innovate I studied the biographies of each. In search, I guess, of quintessential frills. The Muse of Serendipity took pity and she smiled at me -- resulting? In the Biopsychograph!

See, somehow in spelunking I up-turned a precious cue. In actuality, a bunch of them, the first of which, regrettably, I cannot document. It hinted that the gifted Aichorn, who so tuned to "wayward youth," was impish in his time. To me that intimated something of a working from within. And when I studied Abraham, and all his sensitivity (hence understanding) toward anal character, I really paused with deep reflection that his tragic and untimely death was consequent to dysentery. Did that sharpen up his sense? And Wilhelm Reich to whom we owe the concept of the "shell." Those plate-like armor suits that we first forge then wrap around ourselves. Tell me, was it a coincidence that he, in ultimo, entombed himself in one -- the noted "orgone box?"

Let's focus in on Spitz. His countless infant observations and the brilliant step-by-step that traces out adult morality. His demonstration that the early roots of conscience link to physical restraint -- imposed by loving, caring parents who deter a child from harm. Those parents whom he later mimics and with whom identifies. From Spitz the vivid proof that healthy character needs more than sterile cubicles (or Skinner's famous crate). Impersonal enclosures bring marasmus, wasting, death -- which I find most suggestive of our penal institutes. Their solitary cells. Our mental hospitals and "isolation rooms." From such one feels temptation to conclude that Spitz through life loved freedom -- but, I haven't gleaned the facts. We wait for his memoirs. Or a historian. Or someone who is moved by this esquisse. To carry on with it. As well, to sift the records of our psychiatric "Greats" for pertinent events. To ferret the dynamic of their bold discoveries. To justify sub-sections known as "Biopsychographs" -- and, immortalize myself!

A REVIEW-ESSAY OF ROBERT CAPER'S "THE EGO IDEAL, THE IDEALIZED OBJECT AND THOUGHT by MARVIN P. OSMAN, M.D.

Those who are put off by Kleinian concepts and terminology might be inclined to dismiss out of hand Dr. Robert A. Caper's paper, "The Ego Ideal, the Idealized Object and Thought." To do so, however, would mean depriving oneself of still another opportunity to enlarge one's understanding of narcissistic object relationships. Utilizing an intriguing case vignette as an illustrative starting point, Caper has some interesting things to say about such subjects as the idealized object, how the idealized object differs from the ego ideal, interferences to the thinking process in narcissistic disorders, and also how the foregoing interferences tend to inhibit the introduction and acceptance of new scientific ideas of merit in psychoanalysis and other fields. In my discussion of his paper I shall endeavor to highlight alternate therapeutic stances which might be employed with the patient described by Caper, and suggest some measures, including the utilization of illusion, which might better facilitate a therapeutic relationship, a re-mobilization of the early life situation, and the maintenance of a viable analytic bond during the working through process.

Dr. Caper's patient had a disturbing propensity to not leave at the end of his session. Finally Caper informed him that he was evading the realization that the analyst was "not his possession," and he added that his behavior made "me doubt whether I could continue his analysis in my office...although I would be willing to continue his treatment in a hospital, if possible." The patient was apparently much relieved, at least temporarily, by these remarks, later describing them as initiating a moment during which he experienced a "sense of sanity." This was, however, followed immediately by an acute anxiety. This anxiety was at first formless and described by the patient as a "huge void," but quickly "coalesced" into a fear that he had a cancer that would destroy him.

The interpretation apparently had succeeded in "letting fresh air, so to speak, into a situation of claustrophobic control." The sanity reported by the patient was regarded by Caper as an indication that a "proper demarcation between himself and the external world represented by myself had been preserved."

Caper felt that the "huge internal void" and the all-consuming cancer that followed was intimately associated with the patient's sense of relief, sanity and separateness. Associations to the cancer led (in the patient's words) to "horrible negative thoughts," which he felt would destroy him. The cancer and the "negative thoughts" seemed to arise somehow in response to the void, and arose from a part of his personality enraged at it. Following his expression of anxiety about the void and cancer, the patient began to pose a series of questions in rapid succession, to which "I had to resist giving premature answers." When the analyst succeeded in not responding, the patient became calm, saying that now he was able to think. Furthermore, he wondered why he hadn't been able to think on other occasions. By not answering, the analyst felt he had somehow enabled the patient to think, but he was puzzled as to how this had come to be.

The following session the patient reported a dream in which he was watching an empty building which nevertheless people were abandoning by jumping out of the windows, as though there was going to be a fire which would destroy them. A spidery-looking hook on the end of a wire was thrown from the building. His associations to the dream were to finding a "big, dead spider" next to his pillow when he awoke one morning a few weeks before and fears that it might have crawled into his mouth. Furthermore, he feared that he had a "stomach cancer" and that he had "cancer stool symptoms." He then thought of tantrums, attempts to control people, and of the Bobby Sands hunger strike.

Caper felt that the empty building was related to the "huge void" and to the questions without answers that the patient had been asking him. The spider hook was connected both to the cancer which would destroy him and to his possessiveness and hatred of separateness. The spider, Caper felt, represented the patient's omniscience which demanded immediate answers to fill the empty spaces in his mind and, in addition, obliterate separateness from his objects. Thus the cancer-spider filled and thus destroyed his organ of mental nutrition which, like the stomach cavity, must be kept open if it is to receive thoughts.

Moreover, Caper postulated that in order for thought to occur the "void" must be kept open. Thus his new-found experience of being able to think was based, Caper reasoned, on his greater capacity, at least at that time, to tolerate doubt and also separateness from his objects -- both internal as well as external objects. Caper further pointed out that the fantasy of "having the answer" is tantamount to a feeling of possessing the object. This kind of "answer" confers a spurious security, but it prevents thinking and counters sanity. On the other hand when that security is relinquished, "the price to be paid" for tolerating the unanswered questions -- the "empty space" -- is a violent attack by the omnipotent part of the personality.

I found Caper's case and his discussions thought provoking. Some of the issues that were unclear to me and which stimulated questions for which I sought answers are as follows:

Did Caper confront the patient with the fact that the analyst was not his possession for purposes of conveying insight or to halt a regression which was making the therapy unmanageable? When Caper spoke of a "situation of claustrophobic control" was he describing an experience of the patient or a counter-transference reaction? Was the relief the patient experienced after Caper's interpretation due to an insight or was it due to his acceding to the authority of the analyst by giving up an illusion (or delusion) of fusion with him? As a matter of fact, was the return to sanity due primarily to the patient being jolted out of a primitive transference of psychic fusion with the analyst, and thus being reduced to accepting his separate condition? Was the patient's momentary calm and subsequent ability to think a harbinger of intrapsychic change indicative of potential personality alteration, or did it represent merely a surface adjustment by which he accepted a reality imposed on him by the analyst? On the other hand, was this accession of the ability to think based, at least in part, as Caper believed, on an identification with the analyst as one who could think and have a mind of his own as evidenced by his being able to make an accurate interpretation? Did Caper's interpretations and management of the patient's questioning lead to an improved working relationship between patient and analyst which would form a basis for an analyzable transference? Could it be that the interpretation of separateness was premature in that it lead to the "huge void" and induced "a violent attack by the omnipotent part of the personality," as evidenced by the fear of a "destructive cancer" and the experience of the "horrible thoughts?" I would say that Caper's paper evoke in my mind more questions than it answered.

My own speculation is that Caper was working with a patient who was developing a primitive transference (which might be designated a symbiotic union) and, associated with the ensuing regression, was beginning to be an increasing management problem. Could it be then, at this point, that the analyst finally felt it indicated to inform the patient that "his behavior suggested that he regarded the length of the session as entirely up to him" and not at all up to the analyst? Moreover, Caper interpreted that the patient was trying to evade recognizing that the analyst was not his possession; and added that the patient's behavior made him doubt whether he could continue the analysis in his office, although he would be willing t continue in the hospital. Could the effect of these interpretations, coupled with the shock of hearing tha he would either have to enter a hospital or discontinu his therapy, result in the dispelling of the transference illusion? The immediate sense of the loss of the illusion would then be a sense of separateness, sanity and calmness, which, however, was "quickly followed by (the) acute anxiety."

The therapeutic response described by Caper remir me of some experiences with patients of primitive psychic structure described in the literature where th therapist used a strong, firm interpretive approach. For example, Wexler (1952) reported on a case where he assumed a superego role with a patient which resulted in her rapidly relinquishing a regressed position and acquiring the capacity to function realistically. He wrote: "I was surprised and gratified to observe how calm, reasonable, and communicative the patient immediately became." Knight (1946) observed that it was necessary in certain regressed patients to break through the barriers of the "trance and defiance," partly to reinforce the patient's enfeebled ego in the "struggle against the 'bad' impulses." Also Nunberg (1948) reported a partial remission in a regressed patient when the analyst was identified with his fathe

The above patients were undoubtedly of a more pri mitive psychic structure than the case presented by Caper, but I've drawn attention to them to illustrate even in such cases, that the therapist, by adopting a firm and strong stance, can bring about a striking remission of symptoms along with a greater ability to

think and to function effectively. I would speculate further that Caper's interpretations might also have produced a shift in transference from one where the patient experienced himself as omniscient and all powerful to one, not unlike Nunberg's patient, where he instead viewed the therapist as a fantastic, protective and omnipotent being. I believe Caper may have had that potentiality in mind when he stated that his patient "defended against awareness of his omnicience by projecting it onto the doctors (the analyst) who "have to understand everything."

Although following the interpretation there was momentary calm with sanity, it was quickly followed by "acute anxiety," the "horrible thoughts," and a fantasy of the huge void "coalescing" into a destructive "cancer." Apparently, dispelling of the patient's illusion of fusion with the analyst had opened the Pandora's box of separation with all its attending misery. Thus ensued, as a by-product of this sudden separation, a hard to endure psychic overstimulation, and there was little solace for the patient in return for what the illusion had offered him. It would seem that the cancer represented an omnivorous, all consuming oral reaction to the dread "void." The "horrible thoughts" were the cognitive counterpart, and suggested that the patient was unable to contain the dangerous impulses he was experiencing. These impulses apparently constituted a threat to the coherence of the self as well as a danger to the viability of his objects (both internal and external). Moroever, it would appear that the unbearable overstimulating frustration represented by the "huge void" called forth the barrage of questions directed at his therapist. Apparently the beleaguered self, in order to undo the disruption produced by sudden separation anxiety, was endeavoring to attain some surcease from its alarming hunger and emptiness by demanding some kind of responsive sustenance from the therapist.

The dream he reported next day helps to explain his inner psychic condition. My hypothesis differs in some respects from Caper's interpretation. I believe the empty building is the counterpart of the "huge void," while the impending fire is the counterpart of the all-consuming "cancer." The "horrible thoughts" that underlay these images endangered the patient's self as well as his objects, the latter being represented in the dream by the people abandoning the empty building - void, which threatens to produce the dangerous fire-cancer. The patient's feeling, living self is represented, I believe, by the spider-looking hook. The patient associated to a "big dead spider" that he had encountered next to his pillow a few weeks before which he had been afraid might have crawled into his stomach. I speculate that this dead spider represented a self without vitality which subsequently had become resuscitated as a result of the ongoing therapy, and had become anchored or hooked (foetal-like within) to a representation of the therapist as a self object. The wire then would represent the bond or symbolic umbilical cord that united the two. Thus Caper's remarks of the preceding day stirred up a storm. The dispelling of the transference illusion apparently caused an intense reaction of separation (huge void and empty building); this, in turn, evoked a severe frustration or "tantrum" with a sense of loss of control and ensuing oral fury (cancer-fire and "horrible thoughts"), which further resulted in a threat to the viability of the self and to the patient's inner objects (people abandoning the building); and, finally, the self-object bond itself was disrupted (the spidery-looking hook on the end of the wire being thrown from the building).

The above hypothesis speaks directly to the therapeutic dilemma that Caper portrayed so well. He pointed out on the one hand, the importance of maintaining "the empty space" because, when the analyst was viewed as a possession with no "proper demarcation" between he and the patient, the latter's "organ of mental nutrition" (along with his "sanity") is destroyed. This "organ of mental nutrition," Caper asserted, like the stomach cavity, must be "kept open in order to receive thoughts." But, on the other hand, when this "proper demarcation" was established, the patient experienced the "huge void," the "cancer," and the "horrible negative thoughts" which indicated a high "price to be paid" for tolerating the "unanswered questions." Therefore, the "empty space" invited "a violent attack by the omnipotent part of the personality." Thus Caper was confronted by a therapeutic puzzle which apparently appeared to him as having substantially a black or white solution - either the therapist permits the "claustrophobic" situation of being the possession of the patient or he endeavors to effect what he terms a "proper demarcation."

I would suggest that, in instances of this kind, there is an intermediate or third option. The germ of this option was contained in Freud's early recommendations that in the initial stages of an analysis the analyst take care to interpret only barriers which would impede the development of a transference neurosis

and, further, that a positive transference be allowed to flourish without interpretive interference, so that it might be a facilitator of the analytic process. These measures were designed to facilitate the patient's relinguishing defenses against regression and the establishment of a transference. Furthermore, there was the implication that giving up his sense of control over the therapeutic relationship would be compensated for by the availability and support of the analyst. Thus there is allowed to develop a relationship between patient and analyst that is increasingly based on the infantile prototype. Greenacre (1968), for example, stressed the significance of the transference, reviving the infantile dependence, and referred to it as the basic transference. From another perspective, Bion (1962) referred to the function the analyst performs as a container for the split off aspects of the patient that he is unable to endure. Only when the patient is prepared to tolerate and integrate these dreaded parts of the self, does the analyst endeavor to return them to the patient in a detoxified form that he is able to accept. In short, the foregoing references point to the function of the transference as a mobilizer, cultivator and carrier of the infantile or grandiose aspects of the patient until he is prepared to tolerate their transformation, maturation and integration into a more age appropriate, structured self.

Therefore, the third option is an intermediate course in which the patient experiences the analytic process as one in which infantile control over the analyst and all manifestations of immaturity are allowed and sometimes encouraged (however, within certain prescribed limits of the analytic structure) to manifest themselves. It is usually when the transference has evolved to a point where its analysis would convey awareness, genuine insight, and real conviction that the above-mentioned immature aspects of the self are dealt with in graduated stages and clinically indicated doses so as to bring about their transformation or relinguishment. Furthermore, whenever possible, whatever the patient gives up he is compensated for, at first by the support provided by the benign availability of the therapist, enhanced by the illusion which that facilitates (along with the experience, hopefully, of being understood and appreciated), and ultimately by the acquisition of drive controlling and channeling structure. Thus, the infantile self of the patient, having had the corrective experience of having its primitive needs for oneness and control understood and appreciated, gradually becomes better able to tolerate the sting of narcissistic vulnerability and eventually is reconciled to and even exhilarated by a greater newfound strength, coherence, and resiliency.

It was Ferenzi (1913) who, from a developmental standpoint, first focused on the issue of how one arrives at a genuine personal acceptance of reality. His systematic elucidation of the stages whereby a child acquires a sense of reality points, in an impressive fashion, to the importance of illusion in this process. Moreover, he highlights the need of the child to recover a compensatory acquisition before it is willing to relinquish some measure of control over the parental object. Thus at first unconditional omnipotence is relinquished, but only under the condition that he retains an illusion of omnipotence by virtue of his possessing power to attain his wishes through the magical-hallucinatory mechanism. Even with the acquisition of the capacity for symbolic representation, the child, surrounded by loving care, still need not give up his illusion of omnipotence. By using his words or by intimating his needs, those around him are likely to respond to his wants enough of the time for him to retain this view during the period of magic thoughts and magic words.

Winnicott (1960) further illuminated our understanding of the circumstances under which the child (and regressed patient) comes to accept reality by his description of the development of the true and false self. He explained that the "good enough mother" meets the omnipotence of the infant, and to some exten makes sense of it.

It is my concern, with reference to the case material presented by Caper, that when the alternative are presented too starkly to a patient whereby he must choose between "omnipotence" or accepting a "proper demarcation" between himself and the analyst, he might indeed acquiesce to what is presented to him (and ever feel calmer for a time), but this temporary surcease from psychic turmoil might be purchased at a price of his submitting to the analyst's assumed omnipotence or authority and/or by his complying at the expense of buttressing the false self.

Winnicott goes on to say that the True Self does not become a living reality except as a result of the mother's repeated success in meeting the infant's spontaneous gesture or sensory hallucination. Could this also be applied to the empathic therapist, who meets the narcissistic patient's gesture by attempting as far as this is feasible, to maintain the patient's illusions of power until his inner growth permits successful self-directed interaction in the world.

Thus, permitting the patient to retain his illusion of power is only a means to an end, and the patient, on his own, is usually willing to relinquish these grandiose notions, bit by bit, as a consequence of his experiencing a greater inner strength.

It is a short step from this developmental viewpoint to certain of the therapeutic recommendations of Kohut (1977) which focus on an introspective-empathic immersion within the inner life of the patient. In the words of Schwaber (1979) this immersion consists of the "analyst's attention and perception being tuned more sharply to how it feels to be the subject, rather than the target of the patient's needs and demands."

Ornstein and Ornstein (1980) point out that in certain traditional analytic techniques, like that apparently employed by Caper with his patient, distortions in reality are often interpreted directly with the intention of correcting the distortion or pointing out its anachronistic nature. In certain patients this approach merely increases resistances, produces additional resentments, and frustrations, or may encourage surface adjustments which interfere with fundamental intrapsychic change or the development of additional psychic structures.

A surface adjustment of the kind alluded to above may well have occurred in the case of Caper's patient. Although a momentary calm was effected, it was unstable, and followed by the "huge void" and acute anxiety. What if the analyst were to approach the patient's wish for control by acknowledging the likelihood of its validity in terms of his perspective, particularly at that moment in his development and in his therapy? At the same time the analyst might acknowledge his limitations in providing for the patient what may be regarded at that moment as an understandable, and even possibly a legitimate need; a need, incidentally that had been awakened, in part, by the increasing participation of the analyst in the patient's psychic world. Would the patient thus not feel better understood, and thus feel better prepared eventually to arrive at an awareness of his own distortions of reality? In a sense would the patient thereby feel more the illusion of "creating and controlling" and of being "that master of his own change," rather than probably feeling compelled to adapt prematurely to what might be experienced as a crushing external demand?

Psychoanalytic experience indicates that deficiencies in patients feeling alive and genuine and having a sense of direction are often based on having been compelled in childhood to become aware of a separate identity too soon or too suddenly (Mahler, 1968). James (1960) indicated that if the illusion of union with the mother must be given up prematurely, then ego development may occur but at the cost of resiliency.

My assumption is that Caper's defining "the proper demarcation" between the patient and himself dispelled the transference illusion of fusion between patient and therapist (which had a function of protecting the patient from what Pao (1979) referred to as organismic panic), and thus opened the floodgates of acute anxiety. It is my thesis that these consequences of opening a horrid, "cancerous" space should motivate us to inquire what alternatives there might be to psychic fusion versus horrid separation.

Further light on a third option is shed, I believe, by Winnicott (1971) in his description of a "potential space" or "interspace" between "there being nothing but me and there being objects and phenomena outside omnipotent control." Winnicott referred to this as the "intermediate area." It is here where illusion is utilized in coping with realities beyond the resources of the individual, and where transitional objects and phenomena are creatively employed. In this area illusion holds sway and an option is provided an individual to experience a sense of being fulfilled without the deadness associated with their being nothing but me or the strain that accompanies involvement with objects, who may not be available or responsive. Thus this area is "resting place for the individual engaged in the perpetual human task of keeping inner and outer reality separate, yet interrelated" (Winnicott, 1971).

My endeavor has been to highlight the importance of the analyst striving to assist the patient's coming to terms with vulnerability in working through to genuine intimacy and reciprocity with others, being alert to issues of separation, epitomized by what transpires in that "void" or space which develops between the two principals of this drama. I use the word drama advisedly because psychoanalysis, under the best of circumstances, has a playful quality. The space between the principals offers itself as a stage on which the transference is reenacted, reexperienced and verbalized. The audience, including the critics, is represented by the therapist's analytic ego and the patient's observing ego, hopefully working together, clarifying, understanding and integrating. The creative use of the space is an important factor in determining the degree to which the patient will derive a genuine meaning and conviction from what has transpired. In this connection, Winnicott (1971) has made reference to psychoanalysis being a highly specialized form of playing in the service of communication with one's self and others. He asserts that if the patient cannot play, then something needs to

be done to enable him to play, after which he believes psychotherapy may begin.

But one may ask, what manner of creativity is available which will help minimize the development of huge "cancer-filled voids" of the kind Caper's patient described? I suggest that we can learn something about this from our observations of the creative endeavors of the small child. The infant is confronted by the horrid "space" at approximately five to six months of age with the commencement of separation-individuation. The first product of his creativity is a blanket or other article to which he ascribes certain definite qualities, and which assumes over time a certain distinct character. This transitional object serves to ease the pain of being apart from mother during the vicissitudes of separation-individuation, and represents psychically an amalgam in fantasy of attributes of mother's breast and of the self. Its function in soothing the infant-toddler during this crucial period of development is highly important, in that it helps enable the child to persevere and better maintain the link with mother, despite the vulnerability induced by the absence of a vital care giving resource. Its availability is one sign of the psychic health of the child, and enhances his capacity to cope with the uncertainties of involvement while not requiring recourse to irreversible retreats onto reliance upon his or her own resources. Furthermore, its function in relieving separation anxiety provides a basic support and, in so far as it serves to reduce frustration and rage toward the mother, it provides reassurance that his or her assertive self-expression or fantasy production will have no untoward or irrevocable effects. It is around three years of age, at a time when libidinal object constancy has been established, when a viable mental image of the mother can be summoned at times of separation, and when some instinct binding inner structure has been laid down, that this important resource can usually be dispensed with.

In like fashion the patient (particularly those of primitive inner psychic structure) should be permitted to creatively endow his therapy, including the therapist, the therapist's function, the analytic situation, and all the links among these and with the patient, with whatever fantasy or illusion he or she requires of it, so as to utilize it for the purposes alluded to above. Thus, like the security blanket, there are advantages to experiencing the analyst as available, and ever-protective, (even if it is partly illusory), not easily ammenable to hurt or damage, and thus functioning, in a manner that soothes and comforts. Even between sessions a viable mental image of some aspect of the analysis or an imaginary conversation with the analyst might serve a useful consoling function.

In order to arrive at this point, however, the analysis will have had to be conducted in a manner that facilitates and mobilizes a transference bond. This basic transference holds the patient so, when the inevitable space opens up between patient and analyst, that degree of security has developed which allows the space's outline to frame a stage upon which the transference neurosis, without undue danger, can be portrayed. With the transference illusion forming a protective backdrop, the "cancer" in the void might be held in check, while dream and fantasy unfold within the space, creating images and forms, and eventually patterns and meanings that can be discerned, elaborated, clarified, and organized. Therefore being offered a resting place from unbearable strain or involvement allows the patient a basis upon which he can develop his inner resources, strengthen the self, resolve conflict, and find a direction. If this be the case, along the way his functioning may well reach an integrated level permitting the transformation or relinquishing, in graduated degrees, of those comforting props upon which he has hitherto relied.

A further contribution of Caper's was his scholarly definition of the ego ideal and the idealized object, and of his delineation of the differences between the two. He pointed out that an idealized object is "formed by a concrete identification, a type of projective identification in which the object is felt to reside in the same concrete relation to the self as the feces to the rectum." In other words the patient regards himself as owning or possessing the idealized object. An ego ideal, in contrast, is not concretely identified with and felt to be so much under the control of the self, but is rather felt to have an existence which is internal but at the same time separate from and somewhat above the self; within the area of one's reach which exceeds the grasp...The model corresponding to the ego ideal would be a set of parents which by feeding and protecting the healthy parts of the personality, permit growth." An idealized object, on the other hand, is "a defensive product and is felt to be somehow god-like and super-human and to demand that one become similarly so."

In considering Caper's definition of the idealized object, I was struck by some points of similarlity to Kohut's (1971) descriptions of primitive transferences to the analyst. For example, in the case of a mirror transference the analyst is likely to be viewed in a similar light as one would a part of one's own body. The expectation or need of the patient would be that the analyst respond in harmony with his own wishes. Moreover, in the case of the idealizing transference, the analyst would be viewed as a "god-like or superhuman" entity, that would be able to respond with

infinite patience, understanding, and affirmation. On the other hand, the ego ideal, as Caper defines it, corresponds closely to the idealization of the superego that results from the working through of the narcissistic transference and the accompanying acquisition of new psychic structures and functions through the process Kohut calls transmuting internalization.

Kohut (1971) has highlighted the importance of the analyst serving as a self object and permitting the remobilization of the "grandiose self" and of the "idealized parental image." This remobilization requires a restraint on the part of the analyst's interpreting certain "reality considerations" prematurely. This is so the analyst and the analytic situation might best be endowed by the patient with whatever qualities (in fantasy or illusion) that are required to facilitate the development of the primitive transference. For the analyst to do otherwise, might very well encourage surface adjustments (mobilizations of the "false self,") which would interfere with fundamental intrapsychic change.

Furthermore, our greater understanding of the primitive transferences some patients develop, allows us to approach them analytically with more empathy and with greater appreciation of the patient's limitations in being engaged in the work. We are now in a better position to avoid judgmental evaluations or interactions where we subtly or otherwise reveal dissatisfaction or communicate implicit reproaches because of what we deem to be the patient's "narcissistic" behavior or seeming reluctance to become engaged.

If the measure of a good paper is its capacity to evoke thought and stimulate the seeking of new understanding, I believe Caper has succeeded admirably with me. I have some significant disagreements with his paper but, on the whole, I found it quite informative and it has provided me, as you can see, with a spur to formulating some of my own ideas.

I should like to conclude by agreeing most heartily with some comments Caper made in the paper which had reference to the theme of the meeting at which he presented it (on change or "new ideas" in psychoanalysis). Caper pointed out that if the ideas and theories we already possess are clung to in order to avoid the doubts and questions that arise in our work with patients, they will stifle the development of new ideas. Furthermore, he suggested, the use of an old truth to evade a new one may be very difficult to detect. "A healthy respect for new ideas, perhaps especially new ideas which seem weird, strange, bizarre or fantastic and which cast doubt on the validity or completeness of our old ideas, may be necessary for our growth as a science."

References

Bion, W.R. (1962). Learning From Experience. London: Heinemann.

Ferenzi, S. (1913). Stages in the Development of the Sense of Reality. In: Sex in Psychoanalysis. New York: Basic Books, Inc. pp. 213-239.

Greenacre, P. (1968). The Psychoanalytic Process, Transference, and Acting Out. St.J.Psa. 49:211-18.

James, M. (1960). Premature Ego Development. Int.J. of Psa., 41:211-18.

Knight, R. (1946). Psychotherapy of an Adolescent Catatonic Schizophrenic. Psychiatry, 9:323-339.

Kohut, H. (1971). The Analysis of the Self. New York: Int. Univ. Press.

_____ (1977). The Restoration of the Self. New York: Int. Univ. Press.

Mahler, M.S., in collaboration with Furer, M. (1968). On Human Symbiosis and the Vicissitudes of Individuation. Vol. 1. Infantile Psychosis. New York: Int. Univ. Press.

Milner, M. (1955). The Role of Illusion in Symbol Formation. In: New Directions in Psychoanalysis. Eds. Klein, M., Heiman, P.H. and Meney-Kryle, R.S. New York: Basic Books, pp. 82-108.

Ornstein, A. and Ornstein, P.H. (1980). Formulating Interpretations in Clinical Psychoanalysis. Int.J. Psa. 61:203-211.

Pao, P.N. (1979). Schizophrenic Disorders. New York: Int. Univ. Press.

Schwaber, E. (1979). On the 'Self' Within the Matrix of Analytic Theory -- Some Clinical Reflections and Reconsiderations. Int.J. Psa., 60:467-470.

Wexler, M. (1952). The Structural Problem in Schizophrenia: The Role of the Internal Object. In: Psychotherapy with Schizophrenics. Edited by Eugene B. Brody and Frederick C. Redlich. New York: Int. Uni. Press, pp. 179-210.

Winnicott, D.W. (1960). Ego Distortion in Terms of True and False Self. In: The Maturational Processes and the Facilitating Environment. London: Hogarth Press, pp. 140-152.

RESPONSE OF ROBERT CAPER, M.D.

It is always gratifying to have one's work meet with interest from one's colleagues and in Dr. Osman's case, I was pleased to see that he was interested enough not only to summarize my paper for the readers of this Bulletin, but to embark on a lengthy discussion of it. Since I cannot take up each of the many points he raises without running the risk of an even lengthier response, I will focus on what I believe to be the central features of his essay.

After summarizing the case vignette and certain parts of my discussion of it, Dr. Osman goes on to raise a number of questions which are variations of a central one: was I making an interpretation to this patient or using suggestion. The question is an important one, since if the answer is the latter, then my patient's response and my discussion of it loses any claim to be of interest to psychoanalysts. Having raised this question, Dr. Osman goes on to answer it. He "speculates," "hypothesizes," or "assumes" that I was trying to extricate myself from "a difficult management problem" by acting so that the patient would view me as "a fantastic, protective and omnipotent being," and thereby induce the patient to "acquiesce to what is presented to him." The patient has achieved surcease from psychic turmoil, "at a price of submitting to the analyst's assumed omnipotence or authority and/or by his complying at the expense of his buttressing his false self." In short he answers that I was using suggestion.

In order to evaluate this assertion, I would like to review briefly what an interpretation is, what a suggestion is, and what constitutes the difference between them. Freud describes an interpretation as "the communication of repressed material to the patient's consciousness." Repressed naturally means unconscious. In this usage he is being true to the derivation of the word, which, according to the Oxford Dictionary of English Etymology, is from the Latin word interpres, meaning agent or broker. The analyst is thus a middleman between the patient's unconscious and his consciousness, whose function it is to ease their interaction. But of course it is not so easy. If one is truly bringing repressed material to light, one will meet with the clinical manifestations of repression, namely resistance. As Freud noted,

> no change is possible until the conscious thought-process has penetrated to the place (of the repressed idea) and overcome the resistances of the repression there...for the sake of complete accuracy, however, it should be added that the communication of the repressed material to the patient's consciousness is nevertheless not without effect. It does not produce the hoped-for result of putting an end to the symptoms; but it has other consequences. At first, it arouses resistance, but then, when these have been overcome, it sets up a process in the course of which the influencing of the unconscious recollection eventually takes place.[1]

Many years later, near the end of his career, he looked back and gave the following appreciation of the relationship between interpretation and resistance.

> The whole theory of psycho-analysis is, as you know, in fact built up on the perception of the resistances offered to us by the patient when we attempt to make his unconscious conscious to him. The objective sign of this resistance is that his associations fail or depart widely from the topic that is dealt with. He may also recognize the resistance subjectively by the fact that he has distressing feelings when he approaches the topic.[2]

Thus interpretation, or "approaching the topic" ca be expected to give rise to distressing feelings such a anxiety. In fact, from the above one may conclude that the absence of resistance and anxiety would be a sign that what was being interpreted was not repressed. Therefore we should not fear the appearance of anxiety. On the contrary, as Dr. Bion once said, if analysis is occurring one may observe two people in a room, both somewhat frightened.

To turn now to suggestion: in his book on Group Psychology, Freud again supplies us with a succinct definition. Suggestion is "a conviction which is not based on perception and reasoning, but upon an erotic tie."[3] He specifies that this erotic tie is to an obje who is not only loved and admired, but who is at the sa time felt to be "a paramount and dangerous personality toward whom only a passive-masochistic attitude is possible, to whom one's will has to be surrendered."[4] Thi figure is likened by Freud to the father of the primal horde. He compares the hypnotist and the suggestible

subject to a group of two, a member and a leader, and repeatedly remarks on the deterioration in intellectual functioning that membership in such a group brings about. But alongside this is a freeing of the group member from conflicts and anxieties he would normally have if, instead of acting as a member of a group, he were doing the same things as an individual. Both of these phenomena Freud attributes to the identification with an all-powerful leader.

Perhaps the best way of highlighting the differences between interpretation and suggestion would be to examine their respective roles in an analysis. For suggestion, that is, "a conviction...based upon an erotic tie" enters into every analysis, as Freud also pointed out, whether we like it or not. It appears in the form of transference. He wrote that

> often enough, the transference is able to remove the symptoms of the disease by itself, but only for awhile - not for as long as it itself lasts. In this case the treatment is a treatment by suggestion, and not a psychoanalysis at all. It only deserves the latter name if the intensity of the transference has been utilized for overcoming the resistance.[5]

He goes on to explain that the transference (meaning the positive feelings the patient has about the analyst) is the analyst's main ally, in that it has great power to induce the patient to help the analyst and the analytic work. "The patient only makes use of the instruction (interpretation) insofar as he can be induced to do so by the transference." But making use of an interpretation means precisely overcoming resistances which in turn means experiencing and overcoming the anxiety connected to the resistance, with the analyst's help. The result is greater integration of the personality and hence greater ego strength.

It now becomes clear that the difference between suggestion which can remove the symptoms of a disease and psychoanalysis based on interpretation is that the former produces no conflict or conscious anxiety, since it is based on an erotic tie and a type of identification with the analyst, while the latter both stirs and deals with resistance and its hallmark, anxiety.

I would like now to return to Dr. Osman's assessment of the clinical vignette contained in my paper. To summarize: I made a series of statements to a patient who was behaving in a certain way. The patient responded by describing a sense of sanity, followed by an acute anxiety. This was in turn followed by a barrage of questions, to which I had to resist giving premature answers. When I succeeded the patient reported that he was now able to think, and remarked that it was an unusual experience for him. That night, he had a dream which he was able to report the following day and to associate to in a useful and illuminating, not to mention thoughtful, way.

All of the features I have listed are consistent with the effect one might expect from an interpretation. Some of them, such as acquisition of the ability to think, dream and associate meaningfully as a substitute for action (or acting out), seem to me to be the sort of thing one would associate only with the effect of interpretation. On the other hand, a number of points, such as the appearance of anxiety and the ability to think (not only reported by the patient but demonstrated by the coherent dream and its associations) are not compatible with suggestion.

One aspect in particular of the vignette illustrates the contrast between suggestion and interpretation. The barrage of questions was an attempt to have me provide "answers" which would not have been based on any understanding of the questions, but would simply have served to make the patient feel better. This was, of course, an attempt to have me use suggestion rather than analysis, and it was my refusal to do so which seemed to lead to his new ability to think.

In view of this, the basis for Dr. Osman's speculation that what transpired in the case was the result of suggestion is unclear. There is one section in his discussion which may, however, give us a clue. In it, he cites the work of Wexler, Knight and Nunberg with disturbed patients in which the therapists "assumed a super-ego role," or in which the patient "ceded his omnipotence" to the therapist. These seem to me to be unmistakeable examples of suggestion, and would have even made nice illustrations in my discussion of it. Yet Dr. Osman refers to this as a "strong interpretative approach." This seems to me to be a confusion between interpretation and suggestion. Perhaps Dr. Osman can clarify this point.

He also states that "dispelling the patient's illusion of fusion with the analyst had opened the Pandora's box of separation with its attending misery. This insured, as a by-product of this separation, a hard to endure psychic overstimulation and there was little solace for the patient in return for what the illusion had offered him." What the patient received in return seemed to be the ability to think for himself and to feel sane, rather than having his mind occluded by omniscience (cancerous, according to the patient). I can understand that some might regard this as little solace for having to give up one's illusions, but it is our difficult task as psychoanalysts to take away our patients' illusions and to hope that such feelings as the feeling of sanity and the ability to think are sufficient solace for the loss.

Dr. Osman comes closer to the point later in his discussion when he says that

> the space between the principals (analyst and patient) offers itself as a stage on which the transference...is re-enacted, re-experienced and verbalized.

I agree with this and would even extend it to refer also to the space between the principals within the patient's mind, that between his self and his internal objects. But the point of my paper was precisely to describe a situation in which such a space does not exist, and the meaning and implications of this fact both for the patient and for us as practicing analysts. I also agree with Winnicott's description, which Dr. Osman refers to, of psychoanalysis being a form of playing in the service of communication with oneself and others. Winnicott asserts that if a patient cannot play, then something must be done to enable him to play, after which he believes psychotherapy may begin. My paper describes a patient who could not play - think, dream - because of the lack of psychic space in which to do it. It also describes how this lack of space may be dealt with analytically, without the preparatory, non-psychotherapeutic work that Winnicott refers to. This is possible because what was keeping the psychic space closed was a type of resistance which, if understood in enough detail, can be trated the way Freud believed resistances should be treated in psychoanalysis: by interpretation.

Footnotes

1. Freud, Sigmund "On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis I") Standard Edition 12, 142.

2. Freud, Sigmund "New Introductory Lectures on Psycho-Analysis" Standard Edition 22, 68.

3. Freud, Sigmund "Group Psychology and the Analysis of the Ego" Standard Edition 18, 128.

4. ibid., p. 127.

5. Freud, Sigmund "On Beginning the Treatment (Further Recommendations on the Technique of Psychoanalysis I)" Standard Edition 12, 143.

WORKING WITH SAM EISENSTEIN ON THE *PIONEERS OF PSYCHOANALYSIS* AND SOME OTHER REMINISCENCES*

Martin Grotjahn, M.D.

Sam Eisenstein and I have known each other well since many years. I remember him when he applied for psychoanalytic training. We all were duly impressed by him. I was impressed that he did not relate to us like an applicant but like a visiting dignitary who honored us with his visit. His attitude meant to me that he did not come for indoctrination, but for learning. None of us predicted that he would become the guiding light of our Society and Institute.

I always felt and still feel shy to ask people about their experiences when they were caught in the Holocaust at a time when I and my family had already escaped. However, Sam volunteered to tell me one story which is so characteristic for him that I want to remember it here:

When the Nazis came to Italy where Sam was living at that time he decided to "escape." He took two friends for whom he felt responsible and they marched off. After a day of hard marching they arrived at a neighborhood which appeared strangely familiar to them: They had travelled in one gigantic circle and arrived at their starting point.

I remember Sam best from the times when he visited me and told me his idea about writing a book on the Pioneers of Psychoanalysis. Well, I was all for it. Many colleagues have visited me and told me of their inspirations for writing. I always am encouraging -- and that is usually the end of these projects. Not so with Sam. He was perfectly willing to do the administrative work and all the necessary organization if Franz Alexander and I would help in writing some of the profiles. Alexander and I were willing to work with him. Sam started with arranging regular dinner meetings with Alex and me.

Sam is not only a good psychoanalyst and a good therapist -- but he also masters the art of handling people. In a short time he had the entire Institute and Society working and researching and finally writing for the book on the Pioneers.

So far as I can remember, there was nobody left outside Sam's project which became the first and perhaps so far the only collective project of the entire Institute. We were a young society then -- but Sam and his project bound us to a working team. There was only one member who did not keep his promise and therefore the life and work of Frieda Fromm-Reichmann remained unwritten. (It has now been written but not published.)

All meetings with Franz Alexander were in the evenings for dinner in restaurants. It was a joy for me to see Alexander and Sam dealing with waiters -- in Italian, Ukrainian, Rumanian, French, and what we had agreed to call "English." The two men never ordered a meal before they did not have the whole place mobilized in what we should eat.

To see Alexander eat could cure any anorexia nervosa. It was not greed but sheer joy in eating and living and loving which made Alexander's dinners an experience.

Already to go to the restaurant was an adventure. Both men had no sense of orientation or direction. Alexander is never sure about right and left, (or "he" and "she"). After agreeing on our destination for the evening -- and agreeing meant agreeing with Alex -- we set out in Sam's car, he driving. Alexander drives badly and Sam not much better, while I do not drive at all. Very soon the usual debate started about where to turn, and we came to a complete stop, usually in the middle of an intersection. It was decided to turn left, let us say, right, and off we went to the left. Since God obviously loves all Hungarians, we always landed at the right place.

Sam has a fine sense for the historical moment; for instance, when Alexander edited my profile of him, he added a handwritten correction to my definition of the "corrective emotional experience." Sam rescued this document, framed it, and in this way saved it for posterity.

Once when I presented my picture collection of Freud, His friends and the Pioneers, which I had started with the work on the Pioneer project, Sam added a poetic description of a picture which he saw with his third eye and which does not exist in reality: How the Professor on a vacation in the Alps talked with a maid of the inn where he was staying, interprets for us what she had said, and is creating a clinical case vignette, which became a classic. Sam's picture of the Professor became a non-existent but very clear and cherished fantasy-addition to my collection.

Our Institute and Society has always been blessed with having good men at the right time taking over. The future of psychoanalysis looks grim. As long as Sam Eisenstein and men like him remain with us and with progress we will weather the storm of change in the future.

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*Read in part by Winthrop Hopgood at the celebration in honor of Dr. Samuel Eisenstein for his years of dedication and service to the Institute, Sept. 24, 1983.

IMPRESSIONS

Samuel Eisenstein, M.D.

I would like to share with you some of my impressions of being first a student, then a member of our Institute and Society.

Many of you will remember when over twenty years ago Anna Freud visited Los Angeles and addressed our Institute. Franz Alexander introduced her, said that she and he were the second generation analysts who benefitted from the work of those who preceded them. He emphasized that the first pioneers, in their excitement over the great discoveries they had made, mined the large veins of precious ore and left to the second generation to pick what was left, the smaller stones. He was implying that the mine was getting dry, the bottom was almost reached.

How much more self-assured that generation was than ours! They stood firmly on the ground plowed by the greats and looked for the jewels left behind. They lived before the Klein, Kernberg and Kohut period. Certainly there were significant changes in their times also. Ego psychology came in early as did Winnicott and the English schools but it was during our era that the major changes took place.

I wondered then and still do, what is our role, we of the third, fourth and fifth generation? Do we have the certitude and the self-assurance they had? They felt they were working with concepts that were almost permanent, almost concretized, that they were leaving us a heritage requiring good care and perhaps, refinement. This was not to be so. Psychoanalysis is no longer what it was twenty, thirty or forty years ago. To be sure, the basic concepts stand. They have withstood the clinical test of years. However, new observations, new ideas have modified both our theoretical and clinical concepts. An analyst would be out of step today who thinks and practices psychoanalysis as it was practiced at the end of the era that followed Freud's passing from the scene.

When we were students, our curriculum made no mention of Klein, Kernberg and Kohut. We had to familiarize ourselves on our own with the new ideas. During my Chairmanship of the Education Committee, it was daring to have a known Kleinian to give an elective seminar to our students. For that heresy, the Institute paid a price to the American. However, the new ideas had a way of keeping us alert. There was no room for complacency. We were compelled to explore new contributions. Although, we did not always agree with the validity of their contributions, they stimulated us to think and evaluate.

The first discussions about the Kleinian views reminded me of the story of the old Jewish grandmother. She lived in a shtetl in Russia. One day, when passing a church she crossed herself. Startled, her granddaughter asked her, "How come?" She replied, "Who knows, maybe they are right too."

We learned something, though, from these new ideas. However, just when Kernberg came along attempti to help us bridge our views with those of the English schools, Kohut arrived on the scene. This was about fifteen to sixteen years ago. I liked what I read. I gave a clinical seminar with Sigmund Gabe on Kohut's views on the narcissistic personality disorder. Kohut's contributions kept changing though, and correcting to the point that we had to seriously study them. Like many of you here, on my own I took courses, seminars, clinical conferences and even a few supervision session or consultations. I learned some and found certain ide useful in my clinical work. But, when I tried to talk to some of the adherents of the Kohutian views about ho I looked at Kohut's contributions, I found no ---empath

Well, be that as it may, psychoanalysis is better off for this ferment. Time will tell how much will join the main scientific stream and how much will be weeded out. Psychoanalysis, like all science, needs periodic critical reevaluation and further development of its theory and clinical practices. Each generation of psychoanalysts may have to rewrite histor keeping what is basic and proven. Adding what is new and valid.

When Isaac Newton reviewed the heritage of the previous centuries in physics, astronomy and mathematics and added to them his own great discoveries, the new science gave the world a sense of security and permanence. It appeared to offer answers that would stand for all time. Of course others, and in particular Einstein, have proven that the answers were not finite. What is more, not even the new

answers will stand forever. The revision of theory in physics and other sciences is mostly a question of intellectual argument and calm evaluation of facts and evidence. In some fields though changes are often accompanied by emotional resistance. The intellect leans toward inertia. When ideas have to be changed, new insights, new efforts, new adaptations are necessary in spite of resistance. The same applies to psychoanalysis. This is strange since revision of theory and technique accompanied psychoanalysis since its inception. Freud's entire life's work consisted of adjusting his theory to newly discovered clinical facts. Therefore, we must be grateful when that spirit for the new, the revision of the old basic facts is submitted to scrutiny. What we caution against, though, is when the reviewing of concepts tends to eliminate and discard basic and proven facts that have stood the test of clinical work for many years. In that respect change and movement has been good for psychoanalysis. The difficulty is, we do not know who are the new Hisenbergs, Plancks and Einsteins. They may be in this room tonight. Some, with almost religious fevor, claim these new reformers are here. Others claim that it is not so. However, we must be pleased and applaud the vitality of the scientific efforts in psychoanalysis.

Regarding my personal experience, lest you think it was difficult to work for the Institute, that was not so. These have been exciting years, beginning with training more than thirty years ago. We all start as students and residents full of enthusiasm and ambition. Our narcissism is gratified by our new knowledge and our patient's dependency on us. We feel very important. I am reminded of the resident who presented a case to Franz Alexander at Sinai, complaining that the patient was not accepting his interpretations about transference and dreams. Alexander told him, "Dr., please don't feel offended if your patient doesn't dream about you every night."

Our initial omnipotence becomes tempered through years of experience. What makes the work easier is the collaboration and help we get from our colleagues and teachers. An important factor is the high quality of students and members in our Institute and Society, which is probably unique among professions. We never had serious crises in our organizations that made our relationship strained or unpleasant, a destructive pitfall that has occurred in other institutions and societies. We accept theoretical disagreements with understanding. We listen to opposite views. We do not run to the barricades even when such views strike us as being completely at odds with our views. I must say that for me after thirty years, psychoanalysis was and still is exciting and I am grateful for this.

What facilitated my work greatly was the understanding, acceptance and encouragement that I received from my family during those years. Many meetings, trips and absences from home were seldom resented. On the contrary, they shared my dedication and enjoyed my work with me, often listening with fascination around our family dinner table about what else -- Psychoanalysis, then music and recently law, not necessarily in that order.

I want to tell you a little anecdote that was told to us a few years back by Robert Wallerstein. The wife and two small children of a student in psychoanalysis were driving through the countryside when they passed a field with cows on it. The mother said to the city raised children, "Look at the cows," to which the little girl asked, "Where is the bull?" Her little brother answered, "The bull is at seminar."

Thank you for honoring me for my contributions to the Institute and Society. I am grateful and humbly honored for what you have done tonight. But, many of you could have done what I did. We all share a sincere dedication to our psychoanalytic science. Our efforts are focused on transmitting this to the new generation of students.

As for me, I feel like the classical Greek doctors who on graduation sacrificed a cock, saying the ritual formula, "I owe a cock to Aesculapius." Well, I owe one to Freud, and to the intellectual and scientific enthusiasm of this Institute and Society.

Thank you.

Read at the celebration in honor of Dr. Eisenstein, Sept. 24, 1983.

SCIENTIFIC MEETINGS

NEW IDEAS IN PSYCHOANALYSIS
Western Regional Psychoanalytic Societies Meeting
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The Discussion Groups, with relatively small numbers of interested analysts and with the presenters present for varying periods of time, were extremely stimulating. Everyone seemed sufficiently loosened up so that some basic issue could be confronted. If this did not lead to complete agreement, it seemed to me that it helped to define our differences in a manner that contributed to a hope for further clarification in the future.

Leon Wallace, M.D.
Reporter

REFLECTIONS ON PSYCHOANALYSIS AS TREATMENT

by Robert L. Tyson, M.D.

Dr. Tyson focused on the issue of the different views about the relationships between theory and technique, and the various claims of therapeutic effectiveness by different groups. His perspective was an assessment of the evolution of psychoanalytic technique. He felt it necessary to remind the audience of "the periodic swings of enthusiasm or pessimism, and to the fads and fallacies which are liberally sprinkled throughout its history." His aim was "to suggest a tentative framework within which the term 'treatment' can be discussed and to examine a few aspects of it which appear currently to be in some kind of transition."

The definition of treatment is limited by the changes in our understanding that have taken place and which are continuing. Dr. Tyson oriented his discussion around the Oxford English Dictionary's definition: "Management in the application of remedies." To this he added the concept of consideration.

Management is generally applied in regard to transference. Quoting Brenner, he said, "...whether a transference in analysis is manageable by purely analytic means will depend very much on an analyst's ability to maintain an analytic attitude consistently. Thus, he added, it is not management of the patient so much as the analyst managing himself in the applicatio of psychoanalytic remedies, and it is therefore a countertransference matter.

In addition, management includes case selection, treatment plan, treatment alliance and aspects of technique. Case selection has changed, evidently partly as a result of diminishing availability of patients most suitable for the analytic method. Associated with this is the over-emphasis on the value of the "treatment alliance" in beginning analyses. Thus, he said, patients are selected on the basis of suitability rather than analyzability, with the result of many stalemated and failed analyses.

The application of psychoanalytic remedies includes first, the exercise of judgement in selecting a particular therapeutic element from those available, and secondly, the manner of its employment. He quoted Anna Freud's dictum that the task of analysis is to bring into consciousness that which is unconscious, regardless of which psychic institution is involved. This implies a neutral stace equidistant from the thr institutions. Dr. Tyson suggested that resistance to this concept has been hidden behind its apparent acceptance. He referred to Gray's description of a "developmental lag in psychoanalytic technique." He described unsettled questions and practices perpetuat on the basis of candidates doing to patients what has been done to them, and other practices which are followed on the basis of compliance rather than appro priateness to the needs of the patient. He then refe red to Loewald's description of how the analyst's ski is in the nature of his responsiveness in which he us his own emotional experiences and resources for under standing the patient.

Dr. Tyson described remedies as those elements specifically responsible for the therapeutic action c psychoanalysis, a topic familiar to most analysts and not discussed in this presentation.

The last element is consideration or tact. Tact implies a sense of what is fitting and appropriate. Freud said in 1926 that there were definite technical rules to "replace the indefinable 'medical tact.'" Correct timing was one technical rule, "dosage" was added later; and selection, sequencing and wording o interpretations were also discussed. He concluded w Poland's description: "Tact follows empathy. Empathy one way we come to know the process of the patient's mind. Tact is the way we then utilize this informati in dealing interpretively with the patient...we lear with empathy and understanding, and we interpret wit tact."

TOWARD A PHILOSOPHY OF PSYCHOANALYTIC EDUCATION

by Calvin F. Settlage, M.D.

Dr. Settlage noted the absence in the psychoanalytic literature of formal statements articulating a philosophy of psychoanalytic education. Such a philosophy is implied, however, in the tripartite system of personal analysis, seminars and supervised analyses. He first reviewed some of the literature regarding the philosophy of science. He observed that the goal of education should be the achievement of maturity, mastery and scholarship. Maturity includes the idea of a self-conscious philosophy. The training analysis is both a therapeutic and educational process, including preparation for both professional practice and scientific pursuit.

According to the most advanced views analytic education tries to enhance the gaining of a deeper level of knowledge of principles and basic ideas, which goes far beyond their content. A significant problem has been described as "cultural lag," a tendency to cling to the past. Even within the framework of Freud's writings, the educational emphasis continues to fall on the earlier concepts to the neglect of those that superceded them. Yet two major concerns prevail: that we risk diluting our science and losing the productivity of the analytic method in the treatment of classical neuroses; and the equal or greater risk of becoming specialists in treating only one kind of patient.

No preconceived idea inhibited Freud from discovering new insights, while the new did not necessarily imply the abandonment of the old. Students and faculty can only profit from exposure to unpopular ideas. Their suppression frequently leads to disasterous polarization of groups within the institute. Such consequences, when they occur, signal the inadequacy of the training atmosphere and the failure of the educational program. It bodes ill for the future development of the candidates as well as for the analysts who are caught in the middle of the struggle.

Regardless of the scientific aspects of psychoanalysis, the ultimate arena for testing new ideas is in the analytic situation. Differences in technique are especially capable of mobilizing factions and passionate dissension.

Quoting Kuhn, Dr. Settlage observed that these problems exist in all sciences. The assimilation of a new theory requires the reconstruction of prior theory and the re-evaluation of prior fact, an intrinsically revolutionary process that is seldom completed by a single person or in a short time. A paradigm can even insulate the community from important problems because they cannot be stated in terms of the conceptual and instrumental tools that the paradigm supplies. Extraordinary problems and revolutionary paradigms emerge only on special occasions, as prepared, though, by the advance of normal research. Resistance to change, however, can be useful by insuring that the paradigm will not be too easily modified or surrended.

Referring to Polanyi, Dr. Settlage noted that the heuristic passion of scientific discovery sets out to enrich the world; yet it is also an attack. It raises a claim and makes a demand on other men; for it asks that its gift to humanity be accepted by all. In order to be satisfied, our intellectual passions must find a response.

Dr. Settlage went on to suggest that analysts might adopt the same objectivity that we have to clinical transferences in our reactions to scientific and methodological issues.

There is an overriding belief that the validity of an idea, although not immediately evident, will become known through its utility or lack of it in the analytic situation. This could be demonstrated in an ongoing dialogue in a scientifically-based heterogenous group of professionals. The well-tempered dialogue, however, is difficult to sustain. Formal operations relying on one framework of interpretation cannot demonstrate a proposition to persons who rely on another framework. No one learns a new language unless he first trusts that it means something. The refusal to enter an opponent's way of arguing must be justified by making it appear altogether unreasonable.

On the other hand, if a new viewpoint endures for a time and becomes fruitful, the reported results will grow in number and may be decisive. The testing of new ideas may be less difficult to persons just entering the profession.

Dr. Settlage's proposal is for a philosophy of analytic education that presents an in-training exposure of the analysts of the future to significant new analytic ideas alongside the teaching of the established time-tested ideas. The exposure includes a considered appraisal of the ideas and their value in terms of theory and practice through clinical application. Although not new, its rationale and implementation have not been formally set forth. The intent is to teach and demonstrate the scientific approach to theory and practice. The differing views provided by the faculty members can be structured to provide an appropriate pro and con view of new ideas in relation to established ideas. He advised that new ideas be taught by faculty members who consider them seriously and have not rejected them. Students should have as many supervisors of differing views as possible. Another recommended approach is a seminar on current psychoanalytic literature with a focus on new ideas.

PSYCHOANALYTIC ACTIVITIES AND RESEARCH

by Mardi J. Horowitz, M.D.

Dr. Horowitz introduced his topic with a defense of the position that psychoanalysis is a science. Ricoure has offered the position that ours is a "hermeneutical discipline," a study of how phenomena are to be interpreted. Instead, the broader proposition can be defended, that psychoanalysis is a branch of psychology and research. Research, itself, implies science. Psychoanalysis can have a component that is scientific research, scientific because it is based on objective and reliable findings, and research because those findings have to do with observed phenomena.

The most important theoretical debates within psychoanalysis have concerned early development. Very careful childhood development research is probably advanced to a level where it is a sophisticated scientific area with its own discipline. There are some discrepancies between theories of childhood development, as taught in our institutes and based on the reconstructions of childhood from adult analyses, and the type of observations made in the direct observations of children. Dr. Horowitz sees a need to develop researchers who can encompass both areas.

Likewise, research on the outcome of psychoanalysis is limited by the time, cost and broad scope of the investigation. This would involve scientific investigations of the question of which patients are best suited for psychoanalytic treatment, and what may be expected in terms of change processes as a result of such treatment. Although limited in scope at present, results of such research indicate that well-analyzed people with outstanding outcomes have transference potentials when placed in a context where they are asked to recall their analyses. This is consistent with findings and studies of state independent learning, and it is also consistent with regression theory within psychoanalysis.

The other two topical areas can be approached by motivated, practicing experienced psychoanalysts, working in small groups. Much has been done in the area of descriptive explanation of psychoanalytic phenomena, but it needs to be updated and repeated for the contemporary age. This also provides an opportunity to bring in new methodology regarding the quantitative assessment of the degree of reliability with which clinicians agree on the presence or absence of specific phenomena and explanations.

As a scientific discipline, psychoanalysi now involved in the classification of various ferences. The work can be conducted by small willing to devote two to four hours per week t activity. In order to maintain its research s it is necessary that once inferences are made, must be checked by repetition. It is the revi clinicians who are then quantified in terms of degree of concensus in a formulation, not the phenomena under study.

Finally, Dr. Horowitz discussed studies o processes in psychoanalysis, which he consider the main areas needing scientific work. This be compared with change processes through psyc therapy or through life experience. Too often same set of clinical data are described accord different languages and levels of abstraction. systematic approach is needed in order to keep clinicians talking about the same sector with same agenda. A method of "configurational ana has been described by Dr. Horowitz in his book States of Mind.

In describing change process, we are at a ealier stage of scientific research than for d psychopathology and psychoanalytic phenomenolo Systematic review of reliable records can be u by small groups of analysts.

CHANGE AND INTEGRATION IN PSYCHOANALYSIS AS A PROFESSION

by Robert S. Wallerstein, M.D.

As the formal discussant of the three papers, Dr. Wallerstein proposed a unifying theme of his own derived from the materials that had been presented. He observed that Dr. Tyson's organizing context has been that of a kaleidoscope of change and flux within which he tried to discern enduring guiding threads. Dr. Wallerstein offered that this ferment, change and diversity is and has always been of the essense of psychoanalysis as a science and a profession. There has at all times been much less agreement on what our field is all about, as a theory, as a technique and as a treatment, than other branches of science. He asserted that this is not necessarily a function of the youthfulness of our science; but that it may be a matter of the essential nature of our field and that the search for increasing precision of our scope, our nature and our defining parameters is a futile quest.

The distinctive theoretical (or ideological) positions are not the only kinds of differences. There are also national (or cultural or language) differences that have become increasingly apparent to Dr. Wallerstein as an officer of the International Psychoanalytic Association. E.g., the French analysts talk a very different language, not just linguistically, but conceptually. Theirs is a more fluid, more amorphous and less precise, grounded in philosophical, linguistic and literary conventions and with a powerful hermeneutic emphasis. Many of the English group see eye to eye with the French, and they consider American psychoanalysis as a rather lifeless and mechanistic thing.

In addition, as described by Dr. Tyson, he observed significant individual differences in style among those in the most cohesive and homogeneous small group clusters. Quoting Anna Freud,

> Just as no two analysts would ever give precisely the same interpretations, we find on closer examination that no two of a given analyst's patients are ever handled by him in precisely the same manner.

The conlusion may be that there is not one true and correct analysis, but rather many psychoanalyses, ideological, regional, linguistic, cultural, local and even uniquely idiosyncratic. In that case, the search to delineate the elements of management, applications, remedies and tact as defining parameters becomes a personal statement for which each of use could espouse different ingredients and different emphases.

Turning to Dr. Settlage's presentation, the same statements of issues and problems have repeatedly emerged. One central issue is that the training analysis must be simultaneously a valid and productive therapeutic experience and a vital and monitored aspect of the educational progression.

In addition there have always been the cross-purposes in education of training for a profession and for science. Professional training rests on a solidly conservative core, in which the educators attempt to transmit the highest standards that have been achieved. As scientists, it is necessary to be "radically receptive" to the consideration of new ideas along with their appropriate testing by clinical experience. Dr. Wallerstein emphasized "the range of differing views" within the Institutes, that psychoanalysis isn't one monolithic thing that we are all trying to approximate.

Dr. Wallerstein described Dr. Horowitz's presentation as a "call to all of us, as curious practitioners, to immerse ourselves significantly in our field's exciting research frontiers." He sees the latter's enthusiasm for mobilizing practitioners into research as overly-optimistic. On the other hand, psychoanalytic outcome studies, as described by Dr. Horowitz, can be undertaken more systematically within the low-cost treatment clinics affiliated with most Institutes. This kind of research can also be done to varying degrees by all of us.

Studies called "psychoanalytic phenomena and explanatory description" follow the time-tested and old-fashioned clinical case study method in our field. Under this heading he reminded us of the small study group model, linking concept development to empirical data, that has been summarized according to the categories of the Hamstead Index.

Our research enterprises must involve a fuller commitment to vigorous and sustained research activity along all our workable research facts, but with the sober acceptance of the fact that agreed upon data and findings will be harder to come by in our field, and will be far slower to build toward the accumlation of knowledge that represents the hallmark of true science, if indeed psychoanalysis can ever approximate that goal at all.

Leon Wallace, M.D.

REPORT ON DISCUSSION GROUPS

Elizabeth Lloyd Mayer, Ph.D.,*
Reporter

The discussion groups chaired by George Kaplan and Lou Breger joined forces and entered into a lively discussion of the morning's panel. Bob Wallerstein was present for the first half and was promptly asked what he had really meant by multiple psychoanalyses or multiple definitions of psychoanalysis; did he really mean multiple and if so, what were the boundaries of such a conception -- couldn't anything then be termed psychoanalysis and wasn't there as, for example, with cases played well or badly, a single game but a distinction between conducting it well or badly? If we accept the notion of multiple psychoanalyses, several people wondered, aren't we in danger of losing our standards regarding "good" or "true" or "real" psychoanalysis?

It was agreed that yes, of course, there must remain a distinction between "good" and "bad" psychoanalysis, between what is and what isn't psychoanalysis, but still, Dr. Wallerstein suggested, we must consider whether the frequently mentioned blind men feeling the elephant are feeling parts of the same elephant or are perhaps dealing with a number of different elephants; perhaps, when we consider the full range of phenomena called psychoanalysis by different psychoanalysts around the world, we will have to recognize that we are considering several different elephants.

This raised lively debate. After all, someone pointed out, it is one thing to say there are twenty-six apparently utterly diverse points of view regarding what psychoanalysis is if you simultaneously assert that the diversity of a function of being at a certain pre-synthetic stage of development as a science. It is quite another thing to assert that the ideal of ultimate unification of those divergent points of view is neither feasible nor even particularly in the nature of things when it comes to psychoanalysis.

This led us in fairly short order to the question of defining psychoanalysis: is psychoanalysis defined by its outcome and if so, how -- by the attainment of insight, by the attainment of certain kinds of insight, by therapeutic gain -- or is outcome not really the issue. After all, Freud termed any endeavor which dealt with the phenomena of resistance and transference to be psychoanalysis. Does this definition still hold or do we feel able to move beyond it as, a number of people suggested, Kohut had expressed in his final works?

Ultimately, it seemed to me, there was agreeme that clinical discussion, detailed examination of psychoanalytic work with patients, must be the prov ground for determining whether, as analysts, we dea with a number of elephants as opposed to parts of t same one. Bob Wallerstein described that, while h pessimism concerning dialogue among analysts was increased by discussion of certain theoretical constructs with a French colleague (for example, la psychose blanche, the psychosis which is diagnosed b its absence), his optimism concerning such dialogue was encouraged by listening to avowedly Kleinian analysts present their clinical work to him. In su clinical presentations, our group seemed to agree, elements of psychoanalytic process could be discern and agreed upon despite widely differing interpreta of content, theories of pathology, etc. It seemed that we ended up agreeing that psychoanalysis must defined primarily as a process, as a certain kind o relationship between two people, not in terms of co explanatory constructs.

A number of participants registered, at this point, an enthusiastic plea for listening to patien for sharing clinical discussion with analysts of different theoretical persuasions, and for a pruden use of theory to provide a background to the patien material, a background which enhances rather than interferes with listening and empathy. Again, the and cons of Kohut's work were mentioned: had he, a number of people asked, really added anything new t our notions of empathy?

Following the break, our group was joined by C Settlage and Bob Tyson and the discussion picked up aspects of each of their contributions to the morni panel: Dr. Tyson was asked further to distinguish between analytic suitability and analyzability. Th role of the treatment alliance as Dr. Tyson termed was taken up: is the treatment alliance the equivalent of a therapeutic alliance in which the alliance itself is deemed curative or is it an aspe the transferences which must inevitably come under analytic scrutiny in a true analytic process? Agai we were back at the issue of true *psychoanalysis* as opposed to something else, something not appropriat called psychoanalysis but going under its name. Th ready polemicism of this kind of back and forth was pointed out and debated in terms of its usefulness. Useful or not, as various points of view concerning definition of transference were articulated it becar clear that even if Freud's dictum (psychoanalysis i anything which takes as its subject transference an resistance) were accepted, disagreements regarding t nature of what constituted transference and resistar would remain to be resolved.

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We turned finally to a discussion of educational issues, specifically the "well-tempered dialogue" called for earlier in the day by Cal Settlage. Here, perhaps more than at any point in the discussion, consensus reigned and open-mindedness was deemed an ideal in training although there was a certain amount of questioning regarding its implementation. Certainly Dr. Settlage's suggestion that a thorough grounding in Freudian "classical" theory be followed, later in the candidate's training, by exposure to divergent or more recently developed views, was generally approved. The importance of early clinical exposure was mentioned.

Each phase of the discussion, whether focusing on specifically clinical, theoretical or educational issues, seemed to me to return to an emphasis on the importance of observations made in the clinical settings and the ultimate uselessness of attempted definitions of psychoanalysis or dialogues concerning psychoanalysis which proceed too far afield from such clinical observations.

Elizabeth Lloyd Mayer, Ph.D.

THE VULNERABLE CHILD DISCUSSION GROUP INVULNERABILITY

E. James Anthony, M.D.
Association for Child Psychoanalysis
Princeton, New Jersey
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In his presentation Dr. Anthony remarked on the incredible achievements that are possible, as reported in a weekly magazine, early in childhood through forcing the development of particular cognitive or motor skills. Although all mothers have the wish or the fantasy of having an exceptionally accomplished child, some in fact set out to produce a "super baby." These mothers either recognize something in the child or are not aware of something in themselves which derives from a deep unfulfilled aspiration. These children often do manage to do well; however, there is a price to pay. Dr. Anthony reported on his meeting with a group of musical child protegees, all of whom had achieved enormous success. One such musician, who had played his first concert with Toscanini at age nine, spoke of his own two breakdowns and estimated that 75% of such child protegees are prone to breakdowns, usually in their mid-adolescence. These are likely to take the form of conversion symptoms or stage fright. This musician's first breakdown appeared in the form of stage fright. He had an internal dialogue with his father who criticized him for falling short of his expectations. He also imagined persecutors in the audience who were entertaining bad thoughts about him. The pressure and coercive measures taken in the process of pushing and developing the talents of these children exacts a price which should be noted. The conscious or unconscious desire of the parent to have a child who develops beyond all other children, and who is a fabulous genius, can focus on any indication of exceptional ability in the child to be pursued fully and relentlessly.

Dr. Anthony described his original expectation in working with children of psychotic parents as doomed to poor outcome or barely adequate adjustment. To his surprise, about 10-12% of these children were able to exploit their environment for all its worth and to emerge with great achievement in spite of the horrendous environmental conditions. Many of these children went on to lead exceptionally successful lives. So, the question that needs to be answered is how could these children do it and what were the dynamics of this ability? Can these children teach us how to help

other children to become more resilient. These children were called "children of steel" because they had not succumbed to the extraordinary stresses that would have overwhelmed other children. There was something immensely fruitful, productive and creative about them, not just a hard core of defenses.

Mythology is replete with invulnerable characters. They seem to fall into three categories: First is the child who draws on his own inborn resources. There is something different about him from the very beginning. Heider and Murphy have described infants who, from the very beginning of their lives, have a robust and driving interest in becoming involved in what is around them and show a love affair with the world around them right from the start. These contrast with the floppy, sleepy and disinterested babies that one sees on the other end of the spectrum. Hercules was such an infant and all of the ordeals he had to face could be seen as developmental tasks. Each task he encountered and mastered with his own resources, becoming more and more resourceful and invulnerable. In Dr. Anthony's own collection of such children, he felt it was remarkable how such children faced such challenges on their own and in spite of all odds stemming from environmental problems and parental pathology.

The second type is the child who is made invulnerable by the efforts of his mother. She creates a protective envelope for the child to safely develop within. In the case of the Scandinavian God (Woden), his mother made a pact with all of the elements of the environment not to harm her child. In her zeal, she left out one tiny mistletoe which eventually killed Woden. In the case of Achilles, his mother dipped him in the Styx which made him invulnerable except for where she was holding him around his heels. The story of Oedipus is of a child who is abandoned and left exposed to die. He not only survived, but thrived.

Dr. Anthony quoted Freud to the effect that the man who has been the indisputable favorite of his mother keeps, for life, the feeling of a conqueror. That feeling of success often induces real success. There is a triumphant feeling in all these people who have been studied, plus a tremendous feeling of confidence which leads to success.

In his study of invulnerable children, Fritz Redl expressed amazement at the degree of resiliency of certain number of children who seem to stand up in an incredible way against pathogenic pressures and are able to recover rapidly from any setback.

Dr. Anthony described invulnerability as an ideal incompatible with human existence, but resiliency as a more manageable and realistic concept, implying the ability of the individual to bounce back from the impact of harsh and overwhelming external influences. He cited the example of Frenny, a 12-13 year old girl encountered by Manfred Bleuler, whose mother was psychotic and hospitalized, her father was promiscuous an alcoholic and grossly abusive, and who had several siblings at home. She ran the household, cared for t children, looked after the needs of both parents, and went to school. The social workers were astonished t see how efficiently and impeccably Frenny was running all these affairs. Bleuler discovered that Frenny wanted to become a nurse, enjoyed replacing her mother at home, and she had triumphantly taken over the mother's role and was much better at it than the mother ever was. She was very aware that she was a much better mother and housewife than her mother coul be. She saw her mother's children as her own. Frenn was not a protegee or a genius, but an ordinary child who did ordinary things in an extraordinary fashion a very successfully.

Dr. Anthony then cited the example of another extraordinary individual, Kafka, who saw the world in uniquely strange way, with whom "the ordinary always turned into a monster." He remarked that with extre sensitive and insightful individuals, the ordinary experiences of life may provoke concerns and anticip tions that are the product of feeling and seeing too far into the unknown and experiencing danger before actually appears.

Much has been written about schizophrenogenic families and children who become scapegoated and succomb to family pathology. But examining the inv nerables, it can be noted that their adjustment also draws from the same dynamics. These children are endowed with a tall order of omnipotence, omniscien and are treated with great respect by the family me They are chosen as much as the sick children are in such families. One psychotic mother, whose child achieved great academic prominence, told Dr. Antho that she knew all along and all her voices had alwa pointed to the fact that her child would grow up to great things. The mother of a man from Poland who canonized told the reporters that she always knew h son would become a saint. Any time unexplicable ev occurred, she "knew" it was due to the miraculous abilities of this child.

These children are treated differently, favorably, and engender great hostility and jealousy in the other children of the family. Toynbee had described the process of challenge and response in communities. In the face of unusual conditions of distress, many individuals fail to meet the challenge and disintegrate. A small number, however, facing the same conditions, emerge as leaders and become extraordinary sources of leadership and creative reaction which helps others. This applies as well to families and their responses to challenge.

The average child in the average expectable environment has a high degree of resilience to pathogenic influences from outside the family. Anna Freud wrote on resilience in the normal child and she identified the child's development in a sense of humor as one aspect of resilience. The development of a sense of humor is complicated and mysterious. However, expression and testing of fantastic or silly wishes or ideas against the immediate background of reality provides the child with a special perspective.

Spitz describes a normal child as one who appears healthy and happy, gives his parents little to worry about. He would eat, sleep and grow well. His weight would grow regularly and month by month he would become brighter and more active. He increasingly enjoys his parents as his parents enjoy him. Spitz thought this corresponded well with healthy development of object relationships.

Hartmann has described the dynamics of vulnerability which can be reversed to represent the dynamics of invulnerability. The first factor is a superior constitutional endowment which provides the child with such a stimulus barrier and threshold which safeguards the child against external impingements. The second is a primary and effective maternal barrier, buffering against excessive impingements both from the outside and the inside. The third is an effective primary autonomous ego which brings with it good defensive repertoire and good coping skills. Fourth is satisfactory object relationships which lead to control and neutralization of infantile energies. The fifth is occurrence of manageable traumas, not beyond the capacities of the child, so that it would lead to mastery and furtherence of the development rather than overwhelming the child. Sixth is a predictable environment which would hold, facilitate and stimulate.

There is no child who is totally invulnerable. There may be resiliencies in certain areas or phase of development or in regard to certain pathogenic factors. These children may start being vulnerable and end up being resilient, and others who are resilient at first may lose their resilience later, e.g. during adolescence. Vulnerable children, in addition to having successful defenses, have good coping mechanisms which develop out of the autonomous ego functions. Good copers are eager to conserve themselves. They are not impulsive and they know what they can do with their capacities. They can take risks in dealing with difficulties and not in a counterphobic or foolish manner. They have a capacity to withdraw in order to recover and reconstitute. They come back over and over again to a difficult situation and tend to overcome obstacles. They can undergo controlled degrees of regression. They create transitional objects which serve as a part of their armanentarium, enabling them to cope with the harsh reality, fear and loneliness, when the environment is not secure enough. They can pretend, play roles, and transform objects of their fear into mild or friendly figures. The transformation of reality into fantasy and fairy tales is an important creative capacity in mastering trauma or fears. Hans Christian Anderson, whose grandfather and father were psychotic and who himself could have become psychotic, transformed the reality into fantasy, and as he grew successful he was able to master the terrible fears from which he suffered as a child.

During the discussion period, Dr. Cohen referred to his own case of a woman with a psychotic mother who was able to protect herself from the mother's pathology through distancing. During the analysis of this case, the pathological aspects of the mechanism of distancing as a defense came to light since it interfered with relationships to objects and challenged the patient in terms of marriage, fear of merging, engulfment and automony.

Dr. Weigert was intrigued by the mythological and historical references in the presentation and invited comments on the super baby and the predecessor to superman in Zarathustra, created by Nietzsche, who might be considered a pre-Freudian psychologist. On his way to superiority, Zarathustra has to distance himself and live in the wilderness before he could return as a superman. Dr. Anthony referred to this and other instances in history and mythology of individuals withdrawing, not into themselves but into the vast wilderness, and who would later emerge as a transformed and greater person. He distinguished this phenomenon akin to withdrawal, recovering and bouncing back from distancing as seen in the children of psychotics who use distancing as one of their earliest defences against the infringements from the pathogenic influences of the parent.

Marcia Beyer, referring to the observations on Frenny and similar cases at Hampstead Clinic and elsewhere, inquired about the possibility that the dynamics involved in the need to keep the family and its members together and immune from the threat of abandonment and loss would combine with the individual's internal resources to lead to the remarkable achievement of children who manage to operate problematic households admirably well.

Dr. Anthony responded by describing the phenomenon of gluing, consisting of a transitional period during which the siblings would join forces to develop a very

close relationship which would subsequently dissipate as the family's life would evolve. However, during a second episode of psychosis for one mother, gluing reoccurred, although in time the siblings began to move away from each other again.

Dr. Cohen commented on the observations of the Hampstead Clinic with the children of concentration camps who would parent one another. He wondered about the influence of this fragmented parenting on the development of the self and narcissism in particular.

In response to another comment from the floor, Dr. Anthony emphasized the difficulty inherent in identifying the role of genetic influence as it interplays with other factors. He pointed out that some children succumb easily without evidence of significant genetic contributions while others, heavily influenced by genetic factors, will cope with a great deal of stress.

Dr. Weigert, referring to the normally harsh super-ego of a latency child, wondered how the children described by Dr. Anthony cope with the guilt feeling deriving from the fantasy that they are responsible for causing the parent's illness or for not saving the parent from the illness. He responded that children tend to use numerous devices in coping and often this ends in failure. He described cases of Follie à deux in which the child was not merely identifying with the aggressor, but intended to magically relieve the parent of their illness. The degree to which the child would acquiesce with the mother's delusional system depends not so much on the child's ability to assess reality, but on the mother's emotional investment in her delusions. The child may have to distort reality in order to come to terms with the mother. The child may conform to reality while in school, but at home he has to share in the mother's irrationality in order to remain close to her.

Referring to Robert Stoller's concepts regarding the development of feminine boys whose gender identity is born out of the uninterrupted intensity of symbiotic relationship with a mother who treats the child as a narcissistic extension, Dr. Etezady asked if one can view the development of the "miracle baby" described earlier along these lines.

Confirming the effect of the unconscious wishes of the mother on the development of the child, Dr. Anthony elaborated on the effects of the conflict arising as the child begins to accommodate to the reality which is at odds with mother's expectations or delusions, which threatens the psychic loss of the mother. He then gave examples from a home visit he made to the home of a psychotic mother whose eight and seven year old children were poorly dressed and both smoking outside the door. When asked about the whereabouts of their mother, they responded, "Who? Oh, Annie. She is rocking inside. Be careful and don't hurt her." It was impressive to see the detachment and the manner in which these children had cut themselves off from the mother, having dethroned her from being a mother, yet showing great compassion toward her.

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INFANCY IN A CHANGING WORLD
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Cannes, France
March 29-April 1, 1983

The conference was extraordinary. Cannes was alternately drenched with rain and sparkling in the sun; but whether it was raining or shining outside, and despite the attractions of the neighboring towns, the conference hall was packed for every session; and workshop rooms were filled to overflowing. There were over 1500 registrants, who travelled to Cannes from the United States, and seventeen other countries as far away as Argentina, Israel and Australia. Simultaneous translation was provided in French and English, and participation was lively. Just to take a personal example, following my own paper I was held in the hall for over an hour and a half for discussion; and psychiatrists and analysts from six different countries asked me for a copy. Such was the enthusiasm generated by the Congress.

The Congress was opened by a speech from a minister in the cabinet of the present French government. The growth and development of infants in a changing world, she asserted, was the most important possible topic and a central concern of the government. All the papers submitted to the Congress, she said, would be read by her and her staff.

This will be a formidible task indeed! Nearly 100 papers were submitted to the Congress and two large volumes were required to print the abstracts of these.

I attended all of the plenary sessions and will give the briefest report possible on the many fine talks presented in them. In general the papers lived up to the high expectations brought to the Congress by the participants. New theories and original observations were presented. Reversing the usual expectations, the French concentrated on minute studies and micro-observations, while the Americans offered many advances in theory.

In the first plenary address Daniel Stern of Cornell spoke on "Affect Attunement." He stressed the transmission and sharing of affect states between the infant and caregiver, by means of mutual imitation, mirroring, matching, and empathy -- in the largest sense, the practicing of "attunements" between the two. He gave some especially fascinating evidence of the child's capacity for cross-modal matching: for instance he showed that an infant, having been given a rough object to taste, when shown a rough and smooth object, will show a preference for the rough one which he/she tasted -- a very early example of synesthesia, associating touch with sight. This capacity to make leaps of cross-modal associations, Stern argued, is at the heart of the infant's capacity for attunement to his world.

Robert Emde's talk on "The Affective Self" had several relations to Stern's. New research, he stressed, should lead us to conceptualize emotions not as reactive, but as active, adaptive and ongoing processes, serving both self and social regulation. Our emotions provide us with a core of self: in their continuity they allow us to experience our sameness even in the midst of change.

T. Berry Brazelton of Harvard, in speaking on "Early Precursors of Infantile Ego Structure," spoke with intelligence and warmth on the way that the infant's internal and external feedback systems "fuel" the progress necessary to achieve each new developmental level. He saw these feedback processes as the anlage of the ego's capacity to experience states of consciousness. This development can be aided by the mother to the extent that she can fit her reactions to the infant's in a finely tuned reciprocating system. By this means the infant gains awareness of his possible mastery over himself and his environment. Dr. Brazelton showed a film, one of many at the Congress, which vividly illustrated these feedback and reciprocating systems.

Brazelton's emphasis was midway between the *emphasis* on affects by Stern and Emde and that on the biological aspects of human attachments offered by the next speaker, Robert Hinde, of Cambridge University. All species, he argued convincingly, "possess a co-adapted set of anatomical, physiological and behavioral characters, evolved in relation to a particular way of life." Attachment has biological roots and is one of

these adaptations. Lewis Lipsett also argued that "hedonic" -- pleasure creating -- affective and cognitive behavior is mediated by physiological mechanisms. He urged greater and more careful research into pleasure reception and pleasure seeking.

Several other speakers emphasized the biological, chemical, and physiological bases of psychological behavior. Klaus Minde of Toronto reviewed the biological and psychological phenomena comprising a parent's relationship with a prematurely born infant. Kirk A. Keegan spoke on the influence of fetal monitoring on perinatal outcome. John Kennell spoke movingly on the need to help parents in their attachments to babies born with malformations, and he showed a film of a very dramatic interview with parents to whom adequate help was not given. Leon Kreisler of Paris lectured interestingly on psychosomatic disorders in infancy. Thomas F. Anders, who gave the Thrasher Research Fund Lecture, spoke on "Early Infant Development from a Biological Viewpoint," and brought forth many interesting materials concerning the biological bases of development.

Other ways of approaching development were equally interesting and useful. Justin Call, spoke on the continuity of influence between early patterns of infant communication and later language development and functioning. His subject was, in essence, the semiotic functioning in man which played and continues to play a significant part in man's survival as a social mammal. Call showed how the patterns of communication established in the first year of life influence language development in the second year, and subsequently provide the basis for the semiotic capacity of the individual throughout life. He cast a very wide net, showing "how language acquisition is co-determined by on-going relations with people, places and things, and cannot be studied by an exclusive look through a single window, whether it be the cognitive, the affective or the social one." Eleanor Galenson took language for her subject also, lecturing on "The Capacity for Symbolic Expression: Behavioral and Verbal Language." She related the development of a symbolizing capacity to skill in forming object-relations.

In many ways Leo Rangell's talk on "Structures, Psychic and Somatic" was a heroic -- and successful -- attempt to bring together the various strands of the conference. By using the concept of structure as an all-encompassing concept, he was able to orchestrate biology, chemistry, physiology, affect, cognition and symbolization into one human system and to give a good chart of its character.

I have mentioned that several of the speakers illustrated their talks with films. There were also several film presentations. The most notable and th one greeted with the most enthusiasm was by Margare Mahler, "Indicators of the Emergence of the Sense o Self." Culled from 60,000 feet of film, it gave a very graphic illustration of her theories of phases sub-phases of development during the first fifteen months of life. Other films were presented by Clau Edelman, "The Birth of the Brain;" Judith Bloch, concerning a four year old autistic girl; James Oliver, on infant care in Engalnd; plus several Fre psychiatrists and psychologists. Of the latter one the most interesting was by Irene Casati, who showe one film in a series she has made at the College de France. The series of called "Development of Lovir Behaviors," and this first part was "The Study of Hugging." It showed the neurophysiological basis o "reaching out" to others.

Casati's film was shown in a workshop and tha workshop was only one of several dozen that were offered. There was a very lively one by French re searchers on "Fantasmatic Interactions." This pan was led by Professor Serge Lebovici, one of the principals of the Congress, and included very inte ing presentations by several well known French ana including Rene Diatkine. In another panel I hearc interesting paper by Herman Roiphe on "Infantile (of Disturbances of Sexual Identity."

The other two speakers in my own panel were Paulina Kernberg and Peter Giovacchini. There wa striking convergence in our papers: all were con with the development of the sense of self and its vicissitudes. Dr. Kernberg emphasized attachment the consequence of failures in attachment. Dr. Giovacchini spoke of patients who are treated by parents as transitional objects and learn to trea selves as such.

So many fine papers were submitted, indeed, there was insufficient time for all to be read. Joseph Lichtenberg, the editor of Psychoanalytic Inquiry, offered a paper on neural firing in org stage-developments that was only abstracted and will have to wait for full publication of the pa read it in full.

If this report seems hurried and excited, i because the conference was packed and continuous interesting. On departing I took a bus from Can the Nice airport with Dr. Melville Thomas of Car We didn't talk about the weather, French cuisine beach at Cannes. Even then we continued to spea the Congress. For us it wasn't over.

Jay Martin
Reporter

INSTITUTE NEWS

CLINIC NEWS

This has been a particularly tumultuous spring for the Institute Clinic. In March our able and talented clinic administrator Beatrice L. Kotas, L.A.S.W., died very suddenly. She was in her twenty-eighth year as administrator of the Clinic, and is sorely missed. Her long years of extraordinary service to the Clinical Associates were recognized at the dinner given by the Clinical Associates for the Faculty on May 19, 1983 when Dr. K. Steven Bahou, president of the Clinical Associates' Organization, presented a plaque to the Institute Library commemorating Bea's years of dedication. In addition, and in response to Bea's enjoyment of historical biography, the Clinical Associates presented to the Library two books in her honor -- Marie Bonaparte: A Life by Celia Bertin and Code Name "Mary" by Muriel Gardiner. On June 14, 1983 at the Annual Meeting of the Institute, Dr. Paul Click, President, gave a moving tribute to Bea's warmth and caring, skill and dedication to her work.

In April the Board of Trustees appointed Nancy E. Hall, M.S.W., licensed clinical social worker, to the position of clinic administrator. Nancy is an educator and social worker by training, receiving her B.A. at the University of California at Berkeley, her M.A. at Syracuse University, and her M.S.W. at the University of Maryland at Baltimore. She is in the eighth (and last) year of the Ph.D. program in clinical child psychology at the Graduate Center for Child Development and Psychotherapy which is affiliated with our Institute and the Los Angeles Institute. Nancy has been on the faculty of the UCLA School of Medicine for ten years, teaching medical students for the Departments of Psychiatry and Pediatrics, and providing clinical supervision to pediatric interns and residents as well as to psychology doctoral students and social work students there. Nancy has also had three courses with Anna Freud and her staff at the Hampstead Child-Therapy Centre in London.

Laila Karme, M.D. is completing her fourth and last year as Clinic Director and announces that Dr. Richard Rosenstein has been appointed as the new Clinic Director. He is presently gathering his committee together.

Another change occurring this summer is that the Clinic office will be moved upstairs in the Institute building as the result of the building renovation planned for this July and August.

Nancy Hall has greatly appreciated the responsiveness and cooperation of the members and clinical associates of the Institute during the transition from Bea Kotas' tenure to her own. She will be at the Institute on Tuesday, Wednesday, and Thursday mornings from 8:00 A.M. to 1:00 P.M. and will be glad to provide information or answer questions if you telephone her at 274-4290.

Laila Karme, M.D.
Clinic Director

ANNOUNCEMENT

The First Conference of The Sigmund Freud Centre of the Hebrew University on the topic of PROJECTION, IDENTIFICATION AND PROJECTIVE IDENTIFICATION will be held at the Hebrew University of Jerusalem on May 27, 28, 29, 1984. The main speakers will be Otto Kernberg (New York), W.W. Meissner (Boston), Betty Joseph (London) and Rafael Moses (Jerusalem), with Joseph Sandler, Sigmund Freud Professor of Psychoanalysis at the Hebrew University, as Moderator. The Conference will be open to psychoanalysts and professionals in related mental health fields.

On Wednesday, May 30, there will be a separate all-day post-Conference meeting on A Psychoanalytic View of Child-Rearing Practices in the Kibbutz, with the participation of experts in this area.

Those interested should inquire as soon as possible from:

The Sigmund Freud Centre
Psychology Department
The Hebrew University
Mount Scopus
91905 Jerusalem
Israel.

FROM SAMUEL EISENSTEIN:

Grace and I thank the many friends and colleagues who attended the Saturday, September 24th dinner meeting in my honor. We were deeply moved by the warm expression of good feelings shown to us.

Gleanings From Grotjahn

Martin Grotjahn, M.D.

Congratulations! Peter Loewenberg to Your Book: Decoding the Past: The Psychohistorical Approach. New York: A.A Knopf, $20, 320 pp.

The first hundred pages of this remarkable (and controversial) book deal with definition, methodology, scope of psychohistory. It includes a chapter on the training of historians which should include, according to Loewenberg, a thorough analytic information (or indoctrination?).

Five biographical-analytical studies follow and are of great interest: Theodor Herzl, Victor and Friedrich Adler, Otto Bauer, who turned out to be the brother of Freud's famous and classical "Irma Case." Otto and Irma were both children of Philip Bauer, who it turned out was also a patient of Freud's.

The book will be debated fiercely by historians and analysts, especially the question of analytic training for historians. Loewenberg's justifiable enthusiasm and youthful courage seems to love controversy. His greatest danger is the use of inappropriate analytic terminology, which shows his literary knowledge of psychoanalysis but does not necessarily contribute to the understanding of the material he presents. (As for instance, the terms: repressed Oedipus, idealized projections, hypomanic defenses against depression, libidinal reward, sublimated oral aggression, etc.)

The last chapter deals with H. Himmler and Nazi youth. I have to gain at least fifty more years of distance before I can face the story of this criminal with analytic-detachment.

Altogether: Congratulations to have written a good, important, and necessary work!

M.G.

A THOUGHT ABOUT "MASH"

Newspapers and magazines were recently filled with news about the discontinuation of "MASH" one of the nation's most beloved and most often watched TV shows. The statistics were truly impressive, the critical acclaim undivided, the analysis of the play sensitive, free of cynicism, a merit to good journalism.

An analyst would have to make one more point whi was totally overlooked. Men nowadays are told to lov girls and not boys. In schools, high schools, colleg the coeducational method denies categorically the mos decent and sublimated form of homosexuality. Men, inspite of belated and halfhearted acceptance of homosexuality, are constantly made aware of women, and the obligation to love them. The women themselves are made aware of boys. Girls of all ages ar aware that their first duty in life is to attract me

Modern men have no chance to live out their nor bisexual or homosexual trends. They have to be he-m or sissies. If they want to enjoy affection and tenderness to another man they have to get drunk, beat each other in boxing, or other sports. They al can join the army. Even in sports and combat women came and insisted on their right to participate.

And then came "MASH." To love a man one has t a man's comrade in arms -- or the other man has to bleeding, wounded, suffering, even dying. Then and only then men are allowed to be tender, caring, affectionate to each other.

The really astonishing fact is that this guilt free indulgence of sublimated or conditioned homosexuality seems to have been embraced by 240 millio people and remained totally unnoticed. The collec unconscious did not protest but accepted the situa In "MASH" man to man affection became the manly th Everybody became freer, and better in the sense of alive and loving, more human.

Of the seven main characters of the play, six were men and there was one woman who assured every that our sexual interest remains in women, and no is homosexual. Learning how to love without guilt shame is the secret message of "MASH."

A great show came to its end as all living t must -- but the message of love will stay with us.

M

Vincent Brome: ERNEST JONES. FREUD'S ALTER EGO. Norton: New York, 1983, Pp. 250.

Brome's book on Jones was read by me with suspicion and prejudice: what could an outsider -- someone who never came even close to the "Inner Circle" of the psychoanalytic movement -- who had not studied psychoanalysis the way a training candidate would do it, who furthermore was known to me through some emotional, asinine and derogatory remarks about psychoanalysis -- how could he then describe Ernest Jones, who was more than any other analyst an insider, deeply involved in the innermost crises and proceedings of the "movement"? After having read this book with interest, pleasure and benefit, I see that it obviously can be done. The description Brome gives of Jones is probably a good study of the man, his life and his work.

Brome has known Jones personally, won the confidence of his widow, interviewed the son and the daughter of Jones as well as Anna Freud and Michael Balint, studied carefully the literature of the history of psychoanalysis, and had obviously insight into the correspondence between Jones and Freud. He quotes frequently from Jones' letters but rarely from Freud's answers. To the best of my knowledge no unknown or indiscrete facts are revealed. The history of Jones is described systematically and in detail.

Jones must have had an unfortunate gift to get in trouble: twice, in London and Toronto, he was suspected of sexual misconduct with minors while taking their history. He lived seven years with a woman who became a morphine addict and was sent into analysis with Freud. Something similar happened with a second woman with whom he had a less long lasting relationship but who also was of exceptional financial generosity. Only his second marriage with a Jewish Viennese girl - his widow - took hold and seems to have made him (and her) happy. He worked and lived besides in London also in country houses, frequently interrupted by international travels. He studied psychoanalysis and was analyzed partly by Freud but mostly by Ferenczi.

The many splits, crises, controversies, fights, misunderstandings and frictions involved in the analytic movement involved him deeply and are described, leading to a new and deeper understanding of Ernest Jones and the analytic movement. Ernest Jones shows himself as the most loyal friend of Freud and the psychoanalytic movement, always standing his ground. (It raises the question: Who in our time takes "The Movement" that seriously.)

The conflict with Anna Freud seems to have been the last fight: Melanie Klein happened to be his children's analyst -- and Ernest Jones was very satisfied with her work and her therapeutic results. In one of his letters he implied that he may like to be analyzed by Melanie Klein, but nothing was done about it.

His life and his work found its culmination in the three volumes of the monumental Freud Biography which became one of the great literary achievements of our time. To do this work, Jones retired early from professional work (before he was even sixty-five) and worked in his country cottage, in close cooperation with, but never under the supervision of, Anna Freud. After the last volume was written, Jones got very sick with repeated coronaries and metastasing cancer. He suffered terribly and finally terminated further suffering by a similar act as Freud did when he was ready to die.

It is a relatively small book, but gives the student of psychoanalytic history once again an overview of the psychoanalytic movement by one who lived in it.

M.G.

RUNNING

Some days ago my walk home was blocked because a Marathon was underway. There they came: hundreds, perhaps thousands, of men and women, obese and beautiful, young and not so young, all hopping, jumping, jogging, running. Some of them were breathing heavily, others easily.

They all were dressed like overgrown babies in diapers. They all were having a wonderful time, enjoying doing nothing useful, just moving from nowhere to nowhere. "Functions-lust" we used to call it. They enjoyed the true happiness of regression. They must have felt free from all worries -- even free from reality -- in that way they reached true freedom.

Every clinician knows that people run out of a depression or out of any kind of conflict, obligation, duty or emotion, may it be hostile or loving. Running may become an addiction and people may suffer withdrawal symptoms when they miss their daily run into nurvana.

Addicted runners indulge in uninhitbited narcissism-- they run for their own benefit, nobody else is involved. The pleasure is in the function of their

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Letters to the Editor continued from page 2

Dear Larry:

First, let me tell you what a beautiful tribute you wrote to Walter Briehl. Certainly one that caught the spirit of the man.

Your tribute to him reminded me of a letter that Marilyn wrote to Marie shortly after Walter's death. In a way I thought that her comments as someone not in the psychoanalytic field, and who only came to know Walter in the last few years of his life, caught not only the spirit of the man but also the group process at work. Personally, I thought Marilyn caught it when she said "...he was a catalyst stirring this inert audience to a level of concern I am not too sure they wanted to have thrust in front of them..."

I am sending you a copy of her letter as you might want to put it in the Letter to the Editor Section as an additional tribute to Walter.

John A. Lindon, M.D.

Dear Marie:

This note has really been written in my mind since I learned of Walter's death and surely you have received many notes of a similar nature.

I was saddened by the news because he was special to me. When I first met John and began to know his colleagues it was a whole new experience. One such event early on was when I attended a meeting at UCLA of psychiatrists. It was both a business and educational meeting and like many meetings the talk was generally predictable, but suddenly Walter stood up and introduced an issue calling upon the psychiatrists to speak in unison in defense of people's rights to privacy.

I watched him with awe. His delivery was commanding, thoughtful, and moving. It was also obvious that he was a catalyst stirring this inert audience to a level of concern I am not too sure they wanted to have thrust in front of them.

In fact, it was like a father reminding his young not so wisened children of their worldly responsibilities and they listened, ruefully acknowledging he was right.

I suppose you might think me foolish but I was the more touched because this was a man of advanced years who was younger, more spirited, more vital in ways than most people in that room or around me today. I have seen and heard Walter do this on several occasions. He was consistent and persister and he acted.

It must have been a challenging and exciting t living with such a moral brave-thinking person.

I am sad he is gone but in his own way he lef a legacy and I am happy to have known him.

Hopefully such thoughts are helping you to co with your loss.

Marilyn Lindon

Dear Larry:

First, my compliments on the continued high quali the newsletter. In this era, when negativism and materialism seem to be increasing, I think your dedicated publishing effort takes on new value.

The following news from my office might fit into an upcoming issue of the Bulletin:

1. Teddy, Jr. is starting to walk.

2. At the New York, December 1983 meeting American Psychoanalytic Association I be presenting in the section "Problems the Psychoanalytic Theory of Aggressio "On the Psychoanalysis of a Homicide Detective."

3. October 28 I presented my paper, "Work Compensation Cases, A Missed Diagnosis the annual meeting of The American Aca of Psychiatry and the Law, in Portland Oregon.

4. Coming up at Barry Panter's Spring 198 CREATIVITY & MADNESS conference, my ta be "Dylan Thomas...waves of music...wa sorrow..."

Ted Peck,

Editor's Note. Letters to the Editor are print the understanding that they are subject to edit for clarity and conformance with the Bulletin s

FRANZ ALEXANDER LIBRARY
Some Recent Acquisitions

From the General Fund.

Stanley H. Cath et al, Eds. Father and Child. Exceptional collection of interdisciplinary studies.

Karin Obholzer. The Wolf Man: 60 Years Later. Conversations with Freud's patient at the end of his life.

Stan Draenos. Freud's Odyssey. The combination of science and humanism in Freud's theories.

S.L. Gilman. Introducing Psychoanalytic Theory. For use of undergraduates and other non-analytic readers.

American Psychiatric Association. Manual of Psychiatric Peer Review. 2nd Edition. Includes psychoanalysis.

Melvin R. Lansky. Family Therapy and Major Psychopathology. Combining family and other forms of therapy in treatment.

Rudolph M. Loewenstein. Practice and Precept in Psychoanalytic Technique. Selected papers of an eminent psychoanalyst.

Harry F. Harlow. Learning to Love. Famous primate experiments on mother-child bonding.

C.M. Parkes and J. Stevenson-Hinde, Eds. The Place of Attachment in Human Behavior. Object relations and object loss.

Charles Brenner. The Mind in Conflict. Major synthesis of his theories on psychic conflict and the psychoanalytic process.

Bruno Bettelheim. Freud and Man's Soul. How mistaken English translations of Freud have distorted the original meanings of his works.

Mortimer Ostow. Judaism and Psychoanalysis. Collection of important writings combining these topics.

K.R. Eissler. Victor Tausk's Suicide. Reconstruction of months before Tausk's death, based on newly discovered correspondence and memoirs.

John Frosch. The Psychotic Process. Psychoanalytic concepts, especially dynamic and genetic aspects.

Edwin R. Wallace. Freud and Anthropology. Critique of Totem and Taboo.

Purchases from Special Funds.

Lucille Simon Foundation Fund.
J.D. Call, E. Galenson, R.L. Tyson, Eds. Frontiers of Infant Psychiatry. Fine reference work for all professionals working with young children.

Beatrice Kotas Fund.
The Clinical Associates Organization of the Southern California Psychoanalytic Institute established a fund for the Library in memory of Bea and in appreciation of her exceptional contributions to psychoanalytic education at our Institute. Because of her partiality for reading interesting and significant biographies, two purchases were made so far in this genre. The fund will be used for buying other works of importance to our field.
Purchases made:
Celia Bertin. Marie Bonaparte. Fascinating biography of a remarkable woman and early analyst.
Muriel Gardiner. Code Name "Mary." Account of her life as an activist in the underground in Nazi-occupied Vienna.

Bertram Spira Family Fund.
Robert S. Liebert. Michelangelo. Beautifully illustrated psychobiography.

International Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology. Progress Volume 1. New developments in these fields since this set was originally published in the 1970s.

Gifts

Dr. Max Sherman. Eight cartons of books from his library.

Dr. Sigmund Gabe. Seven cartons of books from his library. Also journals.

Southern California Psychiatric Society. Tapes of conference on Sexual Deviation, October 1982.

Family of Dr. Bertram Spira. Additional contribution to the Spira Fund.

Dr. Gilbert Morrison.
Aldo Carotenuto. A Secret Symmetry. Controversial account of relationship between Jung and his patient, Sabina Spielrein.

Dr. Peter Loewenberg.
Peter Loewenberg. Decoding the Past. Psychohistory at its best. Emphasis on events and leaders, 1890-1945.

C.J. Jung. Memoirs, Dreams, Reflections. Reminiscences of his life.

Dr. Louis Paul.
T.J. Schiff. Catharsis in Healing, Ritual and Drama. The therapeutic process.

Dr. David Markel. Nine volumes of the JAPA, eight volumes of the PsaQ.

Lena Pincus
Librarian

(Continued from page 31)

muscles and not in a relationship to anybody. They can perform the regression all alone and by themselves, but they like to do it in collossal masses, as for instance, in these kinds of Marathons. The group facilitates regression and safeguards guilt-free enjoyment. Since everybody does it, it must be permissible; since it is anyhow done for "health" reasons it is blessed by the super ego and in this way regression becomes a total pleasure blessed by the mother who told us to brush our teeth.

Is all joy, happiness, or at least pleasure based on regression to infantile times? Freud thought so and as usual he could be right.

The cosmic spirits of time and space blessed the wild sacred dancers of the East and the Holy Rollers of Christian ages. They will greet with smiling tolerance the dancing babies on the streets of the West. It is more than a regression in the service of the ego -- it is in the service of the Id for once. As such it is a welcome sign of progressing freedom.

Martin Grotjahn, M.D.

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