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LETTERS TO THE EDITOR

To The Editor:

I felt the society scientific meeting of October 20, 1981 was very useful. At this meeting, Dr. Klevens presented some analytic case material and Drs. H. Linden, Mason and Ekstein responded from the points of view of Kohut, Klein, and the so-called classical point of view.

It seemed to me it was particularly useful to contrast the "Kleinian" and self-psychology points of view, but I find that I am left with a question about the way a "self-psychologist" actually works. I suspect that others may also be interested in this matter and hope that Dr. Linden will respond publicly.

Dr. Mason was quite explicit about the way he would handle the patient's material. He described data which indicated the patient's anger and dissatisfaction because he had not been able to get his infantile needs met by his parents, his wife or his analyst. The patient needed to be loved and understood without having to do anything. Dr. Mason described how the patient's dream and some associations made it clear that another part of the patient, identified with the patient's wife, felt to be aggressive and very grown up, got in the way between the part of the patient who needed to be nurtured and the analyst who could do the nurturing. Dr. Mason went on to describe how he would try to help the patient see how he, the patient, contributed to his not getting what he needed from the analyst, his wife and perhaps even from his parents. The analysis of how the patient blocked potential good relationships would give the patient understanding and would also make possible a deepening of the analytic relationship.

Dr. Linden's view appeared to be similar with regards to the patient's need for nurturing. Dr. Linden indicated that he would analyze the patient's fear of exposing his infantile self to the analyst who might ridicule him as he felt he had been ridiculed in the past. However, it seemed to me that Dr. Linden left out completely the idea that there was an aspect of the patient that was contributing to his not getting the nurturing he needed. What I would like to know from Dr. Linden is, does he agree that there is an aspect of the patient which contributes to his failure to get his infantile needs satisfied, and if he does think so, how does he deal with this aspect of the patient?

Donald M. Marcus, M.D.

To the Editor:

It was good of you to send me a copy of the Bulletin. I enjoyed being reminded of the comments made by the discussants.... Also I feel that Ms. Marcus' letter was correct. I feel my own error strongly, even in the novel itself.

Michael Blankfort

EDITOR'S NOTEBOOK

Leon Wallace, a frequent contributor to the Bulletin, was kind enough to draw my attention to the following editorial by Philip H. Abelson in Science. Abelson reports with candor on the pragmatic state of scholarly publications. I feel this should be of great interest to our members, especially to those who write for scientific periodicals.

Support of Scientific Journals *

Philip H. Abelson

Offices of scientific societies and editors of their journals are becoming apprehensive about the future of scientific publication. A system that has served science and society well is moving into a phase of increasing financial stress.

Prior to World War II, journals published by scientific societies in the United States received most of their financial revenues from members. Today only a minor fraction are supported in that way. Instead, the burden has been shifted largely to the libraries. An example is the structure of financial support for the Journal of Biological Chemistry, sponsored by the American Society of Biological Chemists. This periodical publishes about 12,000 pages a year. It has almost 7000 subscribers, consisting of 5000 nonmembers, who pay a nominal rate. Authors are charged \$35 a page, but the page charges are not always honored. The result is that nonmembers, mainly libraries, provide seventy-five percent of the support. Practices vary among the major societies. A few charge up to \$140 a page; some have no page charges. Almost all have higher subscription rates for nonmembers than for members.

Many scientific journals are owned by commercial publishers. They obtain almost all their revenues from libraries. Subscription rates are high, sometimes thousands of dollars a year. Costs range up to twenty cents per page and more, whereas the scientific societies provide material to libraries at usually no more than three cents per page.

For more than a decade, costs of periodicals have increased faster than inflation, while library budgets have usually barely kept up with it. Librarians have sacrificed services and procurement of books to maintain their serial collections. Now many find that they must curtail subscriptions. The libraries cannot be counted on to continue to be the sole or major support for scientific periodicals.

The publication of refereed journals is crucial to the health of science. If present modes of support are curtailed, costs must be reduced or additional revenues obtained from other sources. The best way of cutting costs is to reduce the number of pages printed. Today many scientists give priority to publishing as many items and pages as possible. If the goal were to cram information into a limited space, the number of pages could be reduced by a factor of two to four.

Additional revenues might be obtained from page charges. After all, research is not complete until it is published. The federal government might be asked to support scientific publication directly; at present, there is little chance that it will do so. In the end, it may be necessary for the members of scientific societies to contribute more. They already provide substantial support by refereeing articles, but in the future they may be called on for much larger membership fees.

*Abelson, P.H. Support of scientific journals. Science, 4519, 214, 23 October 1981.

Ernest W. Pullman, M.D.
1926-1981

With great sorrow the Southern California Psychoanalytic Institute and Society marks the passing of our friend and colleague Ernest W. Pullman, M.D. And it is with extreme shock that we acknowledge the sudden and cruel nature of this loss. Ernie went about the demanding task of Medical Director of the Westwood Hospital applying a combination of psychoanalytic and psychiatric wisdom and compassion for those whose emotional illnesses necessitated hospitalization. The tragedy of his death leaves us all saddened and dismayed. We extend our deepest sympathy to the Pullman family.

S.L. Pomer, M.D.

Some Reflections on Hearing
Marion Tolpin's Lecture
"Correcting Emotional Experience:
A Self-Psychological Re-evaluation"*
Kato van Leeuwen, M.D.

Psychoanalytic fashions change, as one can readily detect from off-the-cuff and formal discussions by faculty and students. Pressure for Kleinian seminars has been replaced by a demand for self psychology studies, expressed largely within the institute. The question, "What can be learned from child analysis and development about self psychology?" is a scientific approach which, hopefully, will eventually provide answers. This report summarizes Dr. Tolpin's views. My comments will be confined to the main issues she brought forth: the analysis of deficits versus the analysis of conflicts and the use of transference to compensate for the patient's pathological attitudes. In thinking through my ideas our differences came into clear focus. This stimulated me to re-examine my own research on development and how this influenced my technique. I then also became aware that Dr. Tolpin and I shared areas of agreement. We both emphasize the importance of supportive mother-child relationships, and how this is reflected in the transference. However where I feel that the underlying conflicts should be analyzed, Dr. Tolpin concentrates on compensation for earlier deprivations.

Dr. Tolpin began by looking at self psychology historically as a transition from ego psychology. Kohut's discovery of self object transference, she said, has changed the aim of analysis to an opportunity to make up for qualities not acquired in childhood. According to Tolpin, self psychology has something in common with Alexander's concept of the corrective emotional experience. However Alexander advocated active manipulation of the patient and by-passed dealing with conflict theory. Kohut denies the importance of conflicts and tries instead to overcome the obstacles created by failure of the center holding together. He declares that the pathogenetic attitude of the parents is responsible for this failure. Freud's technique, based on conflict theory, rests on the acknowledgment of three major ideas: positive transference,

therapeutic alliance, and Oedipal conflict. Freudian analysis, Tolpin feels, widens and deepens the conflict, unfortunately at times resembling surgery, with little consideration for the real person. Self object transferences in this approach remain unrecognized. Kohut has come to realize that patients are not merely objects with wishes and impulses, but are psychic realities. Tolpin criticizes Freudian conflict theory for being based on the Oedipal conflict and having nothing to do with "holding together." She utilizes the work of Kafka and Camus to illustrate these concepts.

She offers the story of a kindergarten child who looks desperate during a skating performance, and later confides to his mother that he could not do it well because she was not watching. This child realized that he fell apart, that his ankles could not hold him up, because his parents were not there. In spite of the grandiose exhibitionistic impulses of this Oedipal child and the urge to be self-supportive, a relative need for a self object is present. This need persists throughout life, like the need for oxygen. Immunizing doses of disintegration anxiety are experienced from the time the child first can pull himself up into an erect position. He holds on to an intrapsychic replica. This same holding on helped Kohut's patient, Mr. Z., recover from depression in his second analysis. Mr. Z. had many dreams of being on the way and something always going wrong. Dr. Tolpin saw something similar occurring in one of her own patients whose first dream in analysis had to do with a bus not coming or going in the wrong direction; war and urban renewal had destroyed the neighborhood. Tolpin concluded from this dream that the patient was afraid to do things wrong, and that her parents were pathogenetic self objects from whom she still needed to get a lift. This kind of dream, Tolpin stated, is traditionally interpreted as unconscious ambivalence and resistance to analysis, and regretfully the thwarted attempts go unrecognized. A person needs to know where he is going. This is what Tolpin feels should be reconstructed and understood in therapy. Later in the intermediate phase of the analysis this same patient dreamed that she went with her analyst on a dangerous winding road, but she was not hurt. She braced herself and everything was OK. However when

*Franz Alexander Lecture, Los Angeles, CA
April 8, 1981

the analyst left she panicked. This dream, occurring six weeks before an interruption of the analysis, gave the patient the feeling that her analyst was indifferent to whether she was able to get back by herself. This was a resonate of her past, in that her parents had not picked her up and supported her in childhood. The analysis progressed, and the last dream in the analysis was joyous. In it she was huge with child, at term, or carrying a small baby; it was a tremendous effort, a new edition of her self object. She had become a self-maintained individual.

Dr. Tolpin stated that her therapeutic efforts are an outflow of self psychology. She emphasizes the analysis of analyzable deficits, the need to rebuild the self to counteract the effects of the pathogenetic parents through bit-by-bit reconstruction. She added that transference cures may be the beginning of self object transferences.

Now I do not dispute Dr. Tolpin's emphasis on the importance of the parent's emotional support nor would I deny the ego building aspect of sharing an exhibitionistic experience such as a skating performance. Positive feedback from parents is indeed growth promoting. Their absence at crucial times affects the child's self esteem and his ability to relate to others. Appropriate physical and emotional presence of parents is all-important to healthy development, including individuation (Mahler, 1965).

Many authors long before Kohut have pointed out the damaging effects of a parent's absence or lack of support when it is needed (Spitz, 1945; Robertson, 1953; Heinicke, 1956; Bowlby, 1958; Ainsworth, 1964). The child feels these absences as evidence of abandonment and reacts with despair. They represent narcissistic hurts. Along with feelings of unworthiness these absences produce rage and hostility. In our studies (van Leeuwen and Tuma, 1972) of nursery school entrance as a prototype of reactions to partial object loss and separation, we found that new experiences are better tolerated in the parent's presence. This observation supports Tolpin's emphasis on the importance of the parent's presence for optimal functioning. The same research demonstrated that protest, increased clinging or open anxiety may be experienced when the mother is about to leave, before the child is ready to release her. At times this anxiety is warded off by withdrawal, denial, hyperactive behavior or other defenses. These reactions, sometimes modified, are repeated under stress

not only in nursery school but often later in life. They are the consequences of the capacity of human beings to form a close, unique bond at first to the mother, the primary love object, and later to someone who symbolically takes her place. This relative need for a significant love object persists throughout life. The analytic situation recapitulates the very same constellation. The understanding of object cathexes, the consequences of loss, and defenses against affects are central to the understanding of transference. They affect the patient's feelings not only about himself but also toward the analyst. There is an opportunity to examine these emotions as they reappear in the transference (van Leeuwen and Pomer, 1969) particularly, but not exclusively, in relation to interruptions and termination of the analysis. Unavailability of the analyst is experienced as a narcissistic blow. Analysts have not always emphasized this aspect of analysis, though I believe there has been an increasing awareness over the past twenty years.

Tolpin and I appear to agree on the importance of the analyst's person and the patient's reactions to absences and hurts. However Tolpin uses the term self object rather than parent substitute, and believes that the analyst's empathy can compensate for parental defects whereas I emphasize the underlying pre-Oedipal and Oedipal conflict, the hurt, anger, and guilt. One of the vicissitudes encountered in analysis, especially evident in supervision, are the multiple disguises of these feelings and defenses against affects associated with loss. Patients are ashamed to admit their dependency on the analyst or rage at not being gratified. Protest is thought to be futile. Some analysts, in leaving on vacation or attending a meeting, tend to be oblivious to the patient's emotions in the same manner as the patient's parents. The result is a conspiracy of silence which can only be penetrated by deliberately focusing on what the patient might experience and on the analysts's countertransference (van Leeuwen, 1977).

In addition to Kohut's enquiry of how the patient experiences the analyst and his absences, the emphasis on narcissism has served the purpose of alerting analysts to the importance of the way they phrase their comments in order not to sound critical and thus negatively affect the patient's self esteem. One should not analyze a patient without taking his vulnerabilities into account. Interpretations need to be made so that a patient's narcissism is not injured,

however not as much to compensate for faulty parental attitudes as to help him understand the discrepancy between his ego ideal and the impulses and needs he rejects in himself. The analyst who does not have regard for his patient's narcissism is experienced as castrating or critical, and taxes the capacity of the ego to hold together especially in patients whose self esteem has been severely injured. Moreover no matter how empathic the analyst, or how carefully an interpretation is couched, patients may still experience the analyst as severe. I feel that this, also, needs to be analyzed. The analyst's role, in my opinion, is a combination of facilitating the flow of feelings and giving the patient understanding of deficits in his upbringing, and how they affect his feelings about himself and others.

I might add here that the analytic situation itself has its own built-in traumata and is not geared to giving a constant flow of empathy to make up for childhood pathology, as advocated by Aichhorn (1925) in the treatment of delinquent adolescents. Patients feel that they have to pay for attention from the analyst who is only available at certain times, that they come and go at the analyst's convenience, and that there are rivals for his attention. The absence of the analyst repeats childhood situations of an unavailable or unsupportive parent.

Another important, though not new, contribution of self psychology is the emphasis on the analyst as a more consistent, satisfactory parent substitute, whether it is referred to as correction of transmuting internalizations or as holding environment (Modell, 1976).

Child analysts, cognizant of the pedagogic educational and re-educational aspects of analysis, are keenly aware of the fact that many children won't open up to an adult unless he is empathic, unless he is encouraging, unless he is experienced as an ally, an approving, mirroring, sharing parent figure. Feeling safe and supported makes analysis possible. It also has a healing effect but there is work to be done beyond that. The child, too, needs interpretation of his conflicts to come to terms with angry destructive or sexual feelings. It is helpful for him to understand his magical omnipotent wishes, to know where they come from, and how they make him feel about himself, his parents,

his analyst, and others in the environment. In child and adolescent analysis the empathic qualities of the analyst make even more of a difference than in adult analysis. The child relates to the analyst as a real person. Yet conflicts with parents are repeated in the transference. When Kohut advocates that the analyst be approving and supportive, this has always been practiced by child analysts. The analyst is an object of identification, a source of nourishment and trust, but this is not enough. It is just a beginning. The study of vulnerable children seems an area par excellence to evaluate whether known deprivations can be remedied by providing corrective emotional experiences. It becomes readily apparent that though consistent support is therapeutic, it does not make up for the deficits. Toff's patient (1981), a five year old, abused and abandoned in infancy by both parents and later adopted by a caring but somewhat inadequate grandmother, showed moderate improvement after a long preparatory period. Her relationship to the analyst remained tenuous and distrusting until she was helped to understand her anger at the deserting parents evident in the transference. With this accomplished she became more accepting of the analyst's empathic interest. Isolation was replaced by a teasing, provocative attitude. Thus both the consistent support and interpretation of conflict were crucial to progress,

To return to the lecture, Dr. Tolpin's patient was viewing the analysis as guidance in her dream of a bus going in the wrong direction. The patient felt lost; something had gone wrong with her individuation. She was afraid that Dr. Tolpin would also let her get lost, and that she would not find her way. I agree with this interpretation but there was some indication in the dream, in the reference to war, that she feared her destructive wishes toward the analyst-parent. This theme reappears in the middle of the analysis in relation to the analyst's planned vacation when Dr. Tolpin is seen as a less than perfect parental figure. The patient panicked at the idea that the analyst may be indifferent to her, recapitulating earlier experiences with the parents. The underlying conflicts and reasons for the dependency are not examined. The patient may have thought that the analyst or her parents had cause for leaving her--perhaps because of angry infantile or omnipotent wishes. Dr. Tolpin does not provide this information.

In conclusion we are indebted to Dr. Tolpin for emphasizing in this lecture the importance of narcissistic injury, and its use in analysis. However why depreciate such useful concepts as Oedipal conflict, aggression, and conflict theory in general? True enough the Oedipal conflict is not the only important conflict to analyze and is preceded by pregenital development, and these pregenital aspects have been under-estimated in analysis for a long time. Still, there is no contradiction one does not eliminate the other. New terminology confuses and is not necessary (Spruiell, 1981). Why call the analyst a self object rather than a parent substitute or new love object? Why not tie in the "new" therapy with what we already know? It is as helpful to place Kohut's concern into our current framework. Ego psychology gains from emphasis on the significance of the primary love object, object cathexes, defenses against affects including separation anxiety, and a look at how it affects people's feelings about themselves as well as others. So I take issue with Dr. Tolpin's negative view of ego psychology and conflict theory and say, let us integrate Kohut's emphasis on the importance of the self into a useful whole. Even though Dr. Tolpin says that Kohut wanted "to inform, not reform," I wonder.

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Contributing to the Delinquency of Minors

Irwin Lyons, M.D., J.D.

Is it legally possible for one minor to be guilty of contributing to the delinquency of another minor?

While the clinical and the commonsense answers are clearly "yes," the legal answer is "maybe," depending upon whether the case arises in northern or in southern California.

The 3rd California District Court of Appeal (for Sacramento) has answered the question in the negative, but the 2nd District Court of Appeal (for Los Angeles) has done so in the affirmative, at least in some kinds of situations.

California Penal Code Section 272 states that: "Every person who commits any act or omits the performance of any duty, which act or omission causes or tends to cause or encourage any person under the age of 18 years to come within the provisions of Sections 300, 601, or 602 of the Welfare and Institutions Code or which act or omission contributes thereto, or any person who by act or omission, or by threats, commands, or persuasion, induces or endeavors to induce any person under the age of 18 years or any ward or dependant child of juvenile court, or to do or to perform any act or to follow any course of conduct or to so live as would cause or manifestly tend to cause any such person to become or to remain a person within the provisions of Sections 300,¹ 601,² or 602³ of the Welfare and Institutions code is guilty of a misdemeanor."

¹ § 300 defines which persons are subject to the juvenile court as being any person under 18 years old who (a) needs "proper and effective parental care or control," but does not have it for one reason or another, (b) is destitute or does not have a suitable abode, or (c) who is physically dangerous to the public because of mental (or physical) disorder, or (d) whose home is unfit because of parental neglect or abuse.

² § 601 essentially states that any person under 18 who persistently refuses to obey his parents (or guardian), or who violates a city or county age curfew, or who is a habitual truant, can be adjudged a ward of the juvenile court.

The California Legislature does not keep sufficiently clear records of committee proceedings such as would be adequate to permit ascertaining the rationale behind the enactment of the law, and so one has to go instead to the wording of the statute and to the cases having to do with it in order to understand what it means and what things it is intended to proscribe and punish.

Perhaps the reasons for the differences of opinion between the clinical and the commonsense positions on the one hand and the legal position on the other, arises out of the different purposes, aims and goals of the different approaches.

While the interest of the criminal law and of psychiatry do overlap because they each concern themselves with the same subject matter (which is human behavior and motivation), they do so from radically different perspectives.

For one thing, the law takes an 18th Century rationalist position which assumes that man is a mentally conscious being with free will, and responsibility. These are supposed to enable him to avoid error, overcome passion, and control himself.

But depth psychology takes the position that not only can irrational mental forces exist but that they can have some considerable degree of autonomy.

Also, the law is "political" in the sense that it has the objective of forming policy and administering it. The law deals with establishing and maintaining a system to control the relationships of social groups. Therefore, what is pertinent, relevant, and

³ § 602 provides that any person under 18 years old who breaks any criminal law (not county curfew laws) may be adjudged a ward of the juvenile court.

material from a legal viewpoint need not have any objective reality basis or scientific validity to it at all. Moral and practical considerations are dispositive instead.

For example, in 1946, Charlie Chaplin was legally determined to be the father of Joan Berry's child even though scientific blood tests absolutely ruled him out. He had been living with her and he had this money to take care of the child's needs, and so he was made legally responsible to do so because the alternative was support for the child on welfare with public funds.

On the other hand, psychiatry, particularly psychoanalysis, has to do with that spiritual quality which is independent of soma. Psyche was the Greek goddess of the soul or the spirit, personified by breath.

Robert Waelder used to say that psychoanalysis was the last bastion of humanism in an ever increasingly technocratic world.

However, the law does not care about this much. While psychoanalysis tries to exhort mankind to its highest level, the law seeks to compel it to adhere to a standard.

Therefore, there is a point beyond which the law and psychoanalysis cannot go together or agree.

These points are well exemplified in two recent legal cases having to do with the contributing to the delinquency of minors:

Ronald M., aged 14, received massive brain injuries when a recklessly driven and speeding car in which he was a passenger, struck a pole and overturned en route home from a day's outing to a local recreational area. The driver, aged 17½, possessed only an instructional driver's permit and was at the time intoxicated with alcohol, marijuana, and PCP. In addition to the driver and Ronald, there were nine other passengers in the car, all minors, Ronald being the youngest of all. Five persons, Ronald included, were sitting on the front seat.

The group constituted an informal non-structured group, or "gang," several members of which had been previously and repetitively involved with the juvenile justice system.

Ronald, relying on a claim that Penal Code § 272 imposed a duty upon them,⁴ sued each of the others for damages, claiming that they provided him illegally with drugs and alcohol, induced him to neglect his studies, to truant, and to be defiant and disobedient to his mother.

There was testimony that Ronald joined the gang in order to gain acceptance by its members, and that if they had not given him alcohol and illicit drugs he would not have used them, and also that if he had not been invited to get into the car, he would not have asked to go along on the outing.

It was held⁵ by the 3rd District Court of Appeals that the other members of the group owed no duty of care to Ronald, for one thing, and that, for another, Penal Code § 272 was not intended to proscribe alcohol and drug pushing, but only sexual misconduct instead. These things having been decided, the Appellate Court opined that it was not necessary to consider the issue of whether or not one minor can be held liable for contributing to the delinquency of another minor. The three justices involved succinctly desecanted that they were "not impressed" with Ronald's arguments to the effect that he was a victim of peer pressure.

One Justice, in a separate concurring opinion, stated that although Ronald's arguments that the group had emotionally reinforced his impulses, supported his misconduct by providing ways and means, shielded him from guilt by providing him with diffused, shared responsibility and had given him a sense of belonging and a feeling of security and power through his conformity to the group code, might all have some clinical and also some "real life" credibility, they were not legally sufficient, or even cognizable. The opinion categorically stated that Penal Code § 272 was not intended to prevent injuries to minors through accidents. The opinion, which is precedential, takes on added significance because of the legislature's having, in 1978, enacted statutes limiting liability for serving alcohol. Ronald's argument was seen as an attempt to circumvent this legislation, and the court decided not to permit it.

⁴"Negligence per se" is a legal doctrine that holds that the standard of conduct required of reasonable persons may be prescribed by legislative enactment, and that even if the statute is penal in character, it can, in certain circumstances, provide the basis for imposing civil liability. The legal details not pertinent to the subject matter of this article.

⁵ 112 Cal. App. 3rd 472 (1981)

In contrast, James P., age 15, put some cream on 10 year old Yamina one night while Yamina was staying with him and his mother at James' mother's house. Then he lay down on top of her and she was able to (and did actually) feel his penis. She later told her own mother, and James was taken to court. A hearing determined that James had committed a lewd and lascivious act upon a child under the age of 14, in violation of California Penal Code § 288, and that a violation of § 272 was logically necessary as well. James was placed on probation and he appealed. The 2nd California District Court of Appeals upheld the lower court's decision. The Appeals Court said it is clear that the wording of § 272 is "free of ambiguity and needs no interpretation." It held that the term "every person" in the statute is "all-inclusive" in that "it includes everyone, irrespective of whether the person is an adult or a minor." It concluded that it is "immaterial" that the violation of Penal Code § 272 is usually committed by adults against children because the purpose of the statute in the first place was the "protection from those influences which would tend to cause them to become involved in idle or immoral conduct." [115 Cal. App. 3rd 681-686, (2/3/81)].

Those with good acute legal minds will quickly protest that the cases of Ronald and James are distinguishable in that the former is a civil case and the latter criminal, and in that, as a result, different theories of liability and culpability apply. But it is very hard to understand, legal obscurantism notwithstanding, the rationale under which it can be more socially important to stigmatize James but to deprive Ronald of any remedy whatsoever. In logic and reason, it would seem that the laws against contributing to the delinquency of minors should be read broadly to interdict any acts that would lead minors to become in need of state supervision or services, not just sexual mis-conduct.

Ronald used to be a B student; since the accident he has had difficulty getting D's. He is very distractible and lacking in capacity to exercise judgement, forethought, and planning. Recently, his mother took him with her to the supermarket because she was afraid to leave him alone at home. He got out of the car, absentmindedly leaving the door open, and unconcernedly strode off across the parking lot, oblivious of the traffic.

Some people think that ethics has nothing to do with mental health and rational thinking, but nothing can be further from the truth.

Since the law is made by human beings, it has human nature in it, and it is behooving upon us as psychoanalysts to point out the existence of irrational, unconscious mental mechanisms in the working of the law, such as the qualitative differences between ethics and morality. The unconscious mental mechanism of rationalization permits the inventing of a reason for an attitude, the true motive of which is not consciously recognized. The law is expert at this.

Ethics are more sublimated and removed from direct influences from the drives than are moralisms which are correlates (i.e. counter-cathexes) of instinctual drives. Moralisms are more "raw" than ethicisms. The former have less neutralized energies in them than the latter. They are sublimated.

It is to be hoped that the California Supreme Court will eventually resolve the conflict between the appellate districts about Penal Code § 272 in favor of ethics and eschew decision-making on the basis of unconscious fear of sexuality and in favor of rational, abstract principles of ethical discipline.

Notes on a Visit to Vienna

Rudolf Ekstein, Ph.D.

My native city of Vienna, once an intense yearning better to be forgotten forever, has in recent years become the almost annual destination for a few weeks of work at the different psychiatric departments of the Vienna Medical School, at the Freud Gesellschaft, with different organizations where professional people are trained: psychologists, teachers, special educators, psychiatrists, and analysts. I saw the re-awakening of psychoanalysis in Vienna during these years, a growing group of competent analysts, a new Psychoanalytic Institute, and more applications from students than the Institute can accommodate presently. And there will also be analytically oriented child psychotherapy and child analysis again.

This new spring, the blooming of psychoanalytic pedagogy, the interest in teachers' training, the work with parents, after that long winter of the occupation and the post-war years, can perhaps be best illustrated if I dwell on a special occasion that took place this year in Vienna. Not only did we celebrate the 125th birthday of Sigmund Freud through a large meeting of the intellectual Vienna at the Festsaal of the University of Vienna but we went beyond sheer reminiscence and combined the opportunity to honor Freud and our teachers of those years through a new beginning of work which united many people in this remarkable town.

On May 4, 1981, two days before Freud's birthday, we celebrated the birth of the Anna Freud Kindergarten, Kindertagesheim der Stadt Wien.

One of Anna Freud's students, Dr. Hannah Fischer had this dream of a psychoanalytically oriented kindergarten for many a year. She had come to London as a refugee in 1938, a young girl then; she worked and learned in the war nurseries of Anna Freud and Dorothy Burlingham and after the war, in 1945, she returned to Vienna to acquire her Ph.D. and to become a teacher of teachers, an educator of kindergarten teachers. Generations of kindergarten teachers benefitted from her skill, her wisdom, and her enthusiasm. Soon, other people, the leaders in the psychoanalytic society and in the Freud Gesellschaft, helped her. The officials of the city government of Vienna joined. They had bought the house at

Berggasse 19 some years ago in order to obtain housing for the Freud Museum and the Freud Gesellschaft; and now they were building a new building in the 18th district of Vienna, a beautiful home for the new kindergarten.

How much we all, who were present, would have wished that Anna Freud could be present, to experience the honor bestowed on her directly. She sent us a message and I want to translate her words from the original German.

On the Occasion of the Opening of The Anna Freud Kindergarten

I congratulate the administration of the city of Vienna at the occasion of this meaningful event in the area of welfare for Viennese children and I regret from the bottom of my heart that considerations of health and age do not permit me to experience with you the festive opening of this new kindergarten.

Most likely, like no one else of those present, I have had occasion to follow the development of the Vienna Kindergarten System from its very beginnings. It was at the time of the First World War not much more than a kind of place to keep children, but it changed itself in the course of the following decades into active educational help. The kindergarten of today does not see simply as its task that of keeping children busy, to entertain them, and to perhaps keep them away from the dangers of the street. Intentionally the kindergarten is to help the growing child during its first transition, the first difficult transition from the family to the larger community; putting him into a group of peers and help him to enlarge his relationships to them; is to help him: to change his egocentric picture of the world towards an objective acknowledgement of real conditions; with the delay of instinctual gratification; to be able to pursue the anticipated work plan as its final goal. While elementary school and high school are concerned with the furthering of the intellect of the next generation, the kindergarten of today works toward the mastery of affect and instinct; while the kindergarten teacher of the Froebel-period was a

well-meaning but not very informed "Tante" (aunt), is she, the kindergarten teacher in our days, a professionally educated pedagogue, informed in questions of development and maturation. The new kindergarten in Gersthof, with its most generous furnishing, with its well-chosen administration and limited number of children, which guarantees individual attention for each child, is a happily chosen symbol of those new developments. That this kindergarten is to carry my name, is an honor for me which makes me very proud and for which I am very grateful.

Anna Freud
London, 1981

While my wife and I stood there with all the others who had come, colleagues from the psychoanalytic society, from child psychiatry, leaders of the political Vienna, I forgot them all and looked at the children who had also come with their teachers to sing to us. I looked particularly at one little boy, three years of age, and as the singing started, I heard the same simple words and the same tunes that were part of my own education as a child, a sweet re-awakened memory. This little boy drew my attention because his mother, a young psychiatrist, an analyst and a child analyst-to-be, had been my student at the Department of Psychiatry. I had supervised a case of hers and she had come to some of my seminars and activities. And her mother, the child's grandmother, had been in pre-Fascist days a young child in the youth movement group of which I was a leader. So was the child's uncle. In a few moments I went through the history of these relationships. Prisons and concentration camps, exile, and starting a new life in different countries, and now a new, safe beginning in a wonderful kindergarten, are the ups and downs in the history of these three generations.

In the weeks to come I met weekly with the teachers of this kindergarten, and we spoke of problems of psychoanalytic pedagogy, of work with children and with parents. In the end the teachers gave me a gift from the children of the Anna Freud Kindergarten in Vienna I was to bring to London. I was to bring to Anna Freud the scroll with all the signatures of the people who had come to the opening. And I was to bring a package, containing gifts, to the British children in the Hampstead Kindergarten.

A few weeks later my wife and I walked into the British Kindergarten and I translated the German letter for the London children. They opened the box and the Zuckerl of the Viennese children suddenly turned into Sweets shared by all. Little painted buttons were distributed, and a living bridge established. Some of the Viennese kindergarten teachers will come to Hampstead to learn there, as did the mother of the little boy, and some of the Hampstead people will sometimes go to Vienna to teach there and to learn.

I had started my professional career many years ago in Vienna with the hope to participate in bringing about a synthesis between education and psychoanalysis, teachers like Anna Freud and Siegfried Bernfeld, August Aichhorn, having inspired me. For many a year all that seemed no more than a happy but never to be fulfilled dream of the dim past but now it is again a realistic task for the present and a growing hope for the future.

Remembering the Days in Topeka (Before Douglass Orr Arrived)

Martin Grotjahn, M.D.

Karl Menninger saved the lives of my wife, my son, and me by inviting me to join the staff of his Clinic. Our debt of gratitude is enormous, always remembered, and will forever remain unpaid.

Together with Bernd Kamm we were the first immigrants in Topeka and became the pink elephants of the Clinic. We made mistakes during our time of adjustment -- and the staff did not yet know how to relate to people like us. It was not easy on both sides.

I was willing to work hard, and did so. The low pay did not bother me; I would have come without salary whatsoever.

My English was lousy. I learned to understand my patients quickly, my colleagues only slowly, and Karl Menninger never. When he corrected me I never even heard the difference between his pronunciation and mine. He got mad, we shouted at each other, I remained uncorrected. Eventually he gave up.

The first paper I wrote was about psychoanalysis and education. I had it corrected by my friends Drs. Roback and Bob Knight, and others. I gave up attempts to write correct English when I realized that the corrections of the one were corrected by the next editor. Karl finally threw the whole manuscript away, but it was published nonetheless. Many years later I found it translated back into German and published in the Psychoanalytic Paedagogic (Vienna).

Besides correcting me, Karl had a second habit which I absolutely could not accept. He called meetings on Sunday mornings. Nobody seemed to mind -- what else was there to do in Topeka. I finally declared myself as unable to attend "for religious reasons." This was the first revolutionary reform I introduced, perhaps the only one which was generally accepted.

I did one thing which I deeply and sincerely regret. When the Topeka Institute and Society was founded it was necessary for me to resign the German (Berlin) Psychoanalytic Society for reason of transfer to Topeka. I had, however, already resigned in order to transfer to the Chicago Institute and Society, and I felt it unwise to resign from that Institute to which I intended to move. (I did so in 1938, after two years in Topeka.)

I remember the days of Topeka as "years of destiny" for all three of us. I could think of easier ways to adjust to America, but not of a better place to which to immigrate. Kansas was at that time still American. I met Al Landon (and Thomas Mann). I visited a farm with forty pregnant horses. I traveled thirty-three miles to the next swimming pool. I watched fantastically beautiful sunsets. I was caught in bitter cold snowstorms, hellishly hot summer nights, rains of locusts, dust storms, a family of skunks under the porch, and an invasion of field mice in the fall. I remember the sound of trains roaring through the plains.

I still love Topeka, the Menninger Clinic and the Psychoanalytic Institute and Society there.

Heinz Kohut, M.D.
1913-1981

I am grateful to have the opportunity to say a few words about Heinz Kohut. In doing so I would like to share with you a letter I received from him October 1980 just before the Self Psychology Conference in Boston. My poem expressed thoughts about what self psychology embodies, including method and possibilities for self cohesion, expansion and transcendence. The letter illustrates his vulnerabilities as well as his humanness and kindness, and I feel privileged that he shared these feelings with me.

October 24, 1980

Dear Dr. Robertson:

I loved your poem and am grateful for you sending it to me. It's good to receive such a warm response to my efforts and to realize that not everything is as bleak as the official reactions of my colleagues make it appear to me.

It was also good to hear that you will be in Boston; even though I don't know what the atmosphere there will be like. I just hope that it won't turn out to be a time of outlet for bitterness that my work seems to have engendered in some quarters, especially in the major eastern psychoanalytic centers. We will see. At any rate, should the going get too rough, I'll remember your poem and feel better.

Once more my thanks!

Cordially,

Heinz Kohut

Kohut left his remains -- footsteps, teachings, inspirations -- for us. He could speak with the words of a modern poet and say:

I empty myself of my life and my life remains.

I would like to leave a thought for you expressed so eloquently by William Wordsworth. Even though it has been quoted many, many times it still seems so appropriate now regarding one who has left so much in so relatively little time.

Though nothing can bring back the hour
of splendour in the grass, of glory
in the flower;

We will grieve not, rather find
Strength in what remains behind.

Charlotte R. Robertson, M.D.

In October 1981 Heinz Kohut died peacefully in his sleep. Thus came to an untimely end the extraordinary career of a man who many believe was the most original and provocative psychoanalytic thinker of his time. Kohut anticipated his death for some time. He faced it with the same quiet heroism that those who knew him well had come to recognize as his own special quality. He had made his final appearance at the Fourth Conference on Self Psychology at Berkeley, CA a few days before. Wasted from long illness and ravaged with high fever, he had impatiently waved aside those who would have spared him this final ordeal, since he had promised that he would appear. He had completed his final book on the therapeutic action of psychoanalysis and written his address to the Fiftieth Anniversary Celebration of the Chicago Psychoanalytic Institute. In his last fading months he had said goodbye to his closest friends and collaborators. He had prepared some few of his patients who had remained with him for his approaching death. His work was done, the course he set established. It will be many years before the impact of this man, and the measure of his accomplishments can be accurately assessed. The body of work known as self psychology is still too new, fifteen years in all, to permit an appraisal in historical perspective.

Kohut's unique contribution to psychoanalysis emerged from a background of a professional lifetime as a gifted student, retired teacher, acknowledged leader of classical psychoanalysis. Nothing troubled him more in recent years than charges that he was obscuring the difference between psychoanalysis and psychotherapy, doing poor analysis or betraying the principles of psychoanalysis. For these allegations were uttered by colleagues with whom he had been intimately associated for long periods, who knew his work and his ideals, and who had complimented him frequently on both, when his findings and his ideals corresponded to their own. In a private discussion I once asked Kohut when he had first become aware that he was developing a different perspective on psychological disorders and the psychoanalytic process. "I always knew it," he said, "But I guess I was afraid to bring it out openly for too many years."

His first published endeavors were applied to an area of human experience which was to remain personal and close to his heart to the very end, his interest in classical music. In his last days he told me that he had remained faithful throughout his career to a practice to a practice he had developed in his youth. No matter how complex the

pressures upon him, he continued to set aside two hours each day for uninterrupted listening to music in the company of his wife, Betty. It was rigorous introspection into an area of subjective experience, performance and listening, that enabled him to extend his psychoanalytic understanding into the archaic mental apparatus. And it was his agnostic abhorrence of adultomorphic preconceptions that led to his recognition of an unexpected area of development outside the field of structural conflict. The area involved was that of the earliest psychoanalytic organization before basic psychological structure had been laid down, in Kohut's 1957 terms, "Pre-God, pre-object, preverbal."

It was his paper on "Introspection, Empathy and Psychoanalysis," (1959) that marked Kohut's emergence as an original thinker and has come to constitute a nodal point in the development of psychoanalysis. It called into serious question the almost unchallenged assumption that Freud's conceptualizations had penetrated the depths of human mental life. In it Kohut demonstrated that "the observational method defines the contents and limits of the observed field...and determines the theories of an empirical science." He sent out a clarion call for psychoanalysis to expand beyond what could be seen within existing conceptual frameworks, and to return to more rigorous data gathering through the disciplined use of enforced empathy and introspection. Kohut, from the first, regarded empathy as a scientific mode of data gathering by immersion into the subjective experience of another, rather than an attitude or mode of response. In his view it was always, in psychoanalysis, preliminary to exploration of what had been sensed and in the service of enlarging the interpretive function to include areas of psychological experience that had hitherto been inaccessible.

It was Kohut's use of introspection that enabled him to grasp that the essence of the prestructural psyche is its struggle "to maintain contact with an archaic object or to keep up the tenuous separation from it." He went on to differentiate between existing concepts of transference in which the analyst is a screen for the projection of internal structures to a new concept, selfobject transferences in which the analyst is a direct continuation of archaic experience in which "objects were too distant, rejecting or unreliable." for transformation into solid psychic structures to have taken place.

It is so often said that Kohut borrowed from many sources in his work. While it is undoubtedly true that many other analysts have had brilliant insights into early development, the description of the defenses against and the nature and resolution of selfobject transferences is a solid individual contribution of Kohut. So also is the light shed on early development by the recognition and memories recovered in the systematic analyses of selfobject transferences. From such work, still in its infancy, Kohut and his collaborators have provided the tentative outline of a new view of the developmental process and with it of the nature of man. It places the development of the self at the center. It maintains that the presence of responsive selfobjects are a necessary pre-condition of psychological life. It concludes that some of the greatest achievements become possible only if childhood functions, characterized as "narcissistic" remain accessible and have been transformed. Appropriate selfobjects are necessary from birth throughout life. If they are not available in childhood, the child cannot attain a cohesive self, a sense of his own continuity and an abiding confidence in the pursuit of his essential goals and in the formation and fulfillment of his basic ideals. Absent in later life, whether in adolescence, later life or old age, "The self will be engendered, may lose its cohesion, and as pride and assertiveness are gone, creative-productive activity will cease."

Kohut's view of development is in sharp distinction to the previously held view that the essence of development or psychological disorder centered around intrapsychic or object-related instinctual conflict. A process has thus been set in motion within psychoanalysis that increasingly calls for a re-examination of previous beliefs and realities. Nothing is more overdue. Nothing now in sight promises more to extend psychoanalytic knowledge and benefit beyond its present confines. And nothing is more in the spirit of Freud. Freud wrote, "A single case does not give us all the information we should like to have or, to put it more correctly, it might teach us everything...if we were not compelled by the inexperience of our own perception to content ourselves with a little

Heinz Kohut is dead. Those who survive are blessed to have been graced by his unique presence.

Bernard Brandchaft, M.D.

SCIENTIFIC MEETINGS

Annual Scientific Meeting
Of the Association for Child Psychoanalysts
San Diego, California
March 20-22, 1981

The Vulnerable Child Workshop
Professor Selma Fraiberg

Dr. Theodore B. Cohen, chairman, opened the meeting briefly describing the past activities and future meetings of the workshop, indicating that during the past several years interest in the psychoanalytic study of the vulnerable child and children at risk has gained increasing momentum.

Dr. Selma Fraiberg then presented the case of Nina, one of fifty children in a study at the University of Michigan, in whom assessment of the child both before and after psychoanalytically oriented treatment and intervention had been devised and conducted along several dimensions. These were vulnerable infants and their parents at considerable risk who live in poverty. In order to assess the treatment of the child before and after treatment, five categories were employed which emerged out of the material and in the way the organization of this material presented. These categories consisted of 1-Health, 2-Affective-social, covering object relations as well as the quality of affectivity, 3-Adaptive mode, 4-Cognitive motor with aid of standard tests, and 5-Parenting, with data from psychological tests as well as rated levels of functioning measuring the capabilities of the parents. Severe psychopathology of the parent impeding her capacity to nurture the infant would show up in this category.

Each child entered treatment following extended evaluation consisting of five to seven home visits by the team's most skilled clinician, one office visit for developmental testing and free play period with the recommendation for treatment emerging out of this assessment period. The final assessment during the last part of the treatment consisted of the same number of sessions in order to reach at a range of behavior which would permit, once again, the rating of the child at a later age along the same dimensions. The child's attainment of all factors necessary for normal development was viewed as adequacy, i.e. the child had all that was needed or was

sufficient to foster his normal development and functioning. Lack of adequacy was then labeled as impairment in various levels of severity. The aim of treatment was to achieve adequacy along all aspects of development, in order to function well in object relations, affectivity, adaptive modes, love and learning.

Nina was first seen at 7 months, 3 days for failure to thrive. Her mother Karen was 16, unmarried and attending high school.

Health - No organic cause for failure in growth was present. Weight was below 3rd percentile and height at below 25th percentile. Nina was severely impaired.

Affective-social - Nina was joyless, silent, rarely smiled and showed little emotion. She rarely vocalized and then no more than an occasional grunt. There were muted smiles for the mother, but not for a stranger. There was no avoidance or fear of the mother. There were gaze exchanges and occasions when Nina sought her mother during times of distress. Signs of attachment and reciprocity between the mother and Nina were thin, muted, and lacked quality. She was rated seriously impaired in this category.

Adaptive modes - Under moderate stress or frustration, Nina falls into resignation, passivity and withdrawal. She startles easily. The integration of sensory modalities is poor, she uses one modality at a time, she either looks or touches; holds, but doesn't explore objects. Fine motor development is poor. She is flat handed and clumsy, her fingers stretched out and the index finger's position is distorted and in an inutile posture. Unable to act upon circumstances, lacks adaptive solutions. Mainly resorts to withdrawal. Sensory motor schemes poorly integrated. Fine motor discoordination may indicate neurological impairment. Rated seriously impaired.

Cognitive-motor - On the Bailey scale of infant development, Nina is slightly above age level. However there are failures on all vocal items. There are no vocalizations above three month level. Rated moderately impaired.

Parenting - The father has had no relationship with this mother since pregnancy. The mother is depressed and anorexic. Karen is attached to her baby but is an uncertain

mother. She cannot read signs of hunger or satiation in Nina. Her own revulsion to food and feeding the baby brings her into a central morbid conflict. She is ignorant of the needs and developmental norms for her baby. Rated seriously impaired. The second assessment was after Nina had been in treatment for over two years. The child's ratings and the mother's are adequate in each category.

Six months after the start of treatment, Nina has already begun to improve and has achieved marginal adequacy as had her mother. But Nina was considered at risk due to the mother's depression and anorexia. Treatment was continued until mother's psychological problems appeared to be moving toward resolution and Nina herself was able to sustain her gains in all areas. At thirty months, Nina weighs 20 pounds, 10th percentile. Height 35 inches, 25 percentile. No eating problems.

In the affective social area, she is rated adequate in the second assessment. She is enthusiastic, animated and outgoing. She is usually cheerful and readily uses language. She shows an appropriate hierarchy of familiarity with mother and other adults. She can express love and at times negative feelings for her mother. In doll play, she is a tender and solicitous mother. She is sensitive to her mother and her moods beyond what one considers appropriate to Nina's age. However this has not caused conflicts, inhibitions or symptoms. Her relationships in nursery school are highly satisfactory with other children and adults.

Adaptive modes are now rated adequate. Nina has a firm sense of self and others represented in language and play. She has an active and assertive stance, includes others, but remains in charge. In face of new challenges, she copes through identification with acquisition of new skills. She is active in play and creative in the use of language. She can move on to less stimulating activity when need be.

Concerns about neurological impairment have long since dropped out of the picture. Nina's ego functioning measures up to our expectations for her age. Cognitive development is rated adequate. Parenting is adequate although Karen is still moderately depressed; however, she has gained weight and eats better. Karen is genuinely invested in Nina who evokes in Karen a sense of warmth and pleasure. She is a devoted, patient, warm, empathic and responsive mother. Nina's well-being is more important to Karen than her own.

This child, first seen at seven months, had already given up, had no adaptive solutions and her well-being was severely endangered by her mother's neglect, ignorance and severe personal problems. At 30 months, Nina has the same good chances that other well-mothered infants have.

Dr. Call, in his discussion of the presentation, remarked that Selma Fraiberg's work is always interesting and this work in particular is interesting in the meticulous simplicity and understated scientific approach to prevention and systematic assessment and evaluation of outcome. Dr. Call expressed dissatisfaction with the diagnosis of failure to thrive, feeling this label doesn't reveal enough about the infant. He preferred the diagnosis of attachment disorder of early infancy which tells us more about the nature of the problem and the need for the kind of intervention that Fraiberg undertook. The subtle and empathic nonintrusive approach to this disturbed adolescent mother and her child, and providing her with an auxiliary ego under circumstances that would allow for emotional cognitive and physical growth of the infant, made this remarkable change and impressive degree of improvement possible. This is a child whom most of us would have described as orally fixated. The mouth had retained its primary function of gratification and had not been integrated with other modalities such as the hands and the eyes. Yet in this case, as the follow-up suggests, there was no evidence of oral fixation. The advanced development of language in this child is intriguing and deserves further comment and explanation. Dr. Call then referred to his own work regarding the use of the index finger in pointing and its role in formation of early syntax, hypothesizing that the intervention involved with the correction of inutile index finger as late as 8 months of age may have contributed to the unusually advanced language development of the child. Children who are left unattended over long periods of time hypercathect the function of vision, referred to as "pleading eyes." One wonders if this was the case with Nina and whether it was utilized as a beginning toward establishing object relations. Dr. Call was very impressed with the lack of synchrony in the interaction between the infant and the mother and the severe impairment of affective capabilities at 7 months and the remarkable recovery at 30 months. At 30 months, the child had surpassed her own mother in self-assertion and the ability to aggressively engage with the outside world. Dr. Call hoped for further theoretical discussion on this and offered his own thoughts as a means of opening up the discussion.

He suggested that normal narcissism and the investment of narcissistic libido in self-object (not the selfobject) makes it possible for the mother in turn to emotionally invest in the child. With intervention and help provided, this baby was able to hook her mother into a powerful narcissistic identification and functioned to a degree as an extension of her mother. In this way she played a very significant role in the partial recovery of her mother. The mother was then free enough to develop a relationship with a boyfriend to provide her with a further source of support and a new love object. Dr. Call warned against overly pessimistic prognostications in infants, since with adequate resources the later developmental stages can rekindle the earlier phases and provide a new opportunity for further development.

Dr. Fraiberg agreed that the diagnosis failure to thrive is inadequate, although Nina bore that diagnosis when she was referred. Not all such cases are due to maternal deprivation as it was the case with Nina, and more specifically mother's anorexia, which rendered her incapable of recognizing hunger in her baby. She added that the lack of residual oral conflict in the clinical and video-taped material in this infant is puzzling. Are the oral residues absent or could it be that our eyes are not sharp enough to detect them? As for language, she explained, once the relationship between the mother and the child improved, the language developed without any specific intervention in the area of language. By 14 months the child was a chatterbox and the mother had learned from the team members as models that if you talked to the child she would respond and began to talk to the baby herself.

The inutile index finger was thought to be a result of lack of experience, not only because of the mother's inability to engage the child in appropriate motor activity, but also because of the day care center which was most depriving and provided the child with no such experiences at all. Once we provided the child with experiences she needed and the mother and the day center could do the same, the flat handed grasp and extended index finger ceased to exist. The hypercathexis of vision, or in this case the dulling of the function of vision also, as numerous other factors, responded to the improvement in the mother-child relationship. As for normal narcissism, this adolescent girl had never felt any real self worth. She began to see the improvements as a result of her love and devotion and with a little investment received tremendous rewards.

In dealing with the mother's depression and anorexia and helping her complete the process of her adolescence, a supportive approach had to be utilized, skirting the affects and the depression since one had to avoid the possibility of collapse and hospitalization for the mother. Later, when she could gradually deal with the rage she felt toward the baby and her own parents, her depression lifted. She was later able to make an excellent marriage and did quite well.

Dr. Eleanor Galenson, referring to the question of neurological deficit so often raised in these children, speculated that the neurological and development maturity of the tissues during the first year could well be affected by the lack or the quality of experiences that the infant is exposed to. Perhaps the neurological maturity is permanently affected when intervention has not occurred. Dr. Galenson offered to look at the problem of verbalization from a different point of view. In addition to the libidinal significance of the mouth and its function as an instrument of verbalization, one might look for the vicissitudes of aggression. In Nina, for example, what were the manifestations of aggression during the first year of life? What channels were used and what might the possible relationship have been between the vicissitudes of aggression and development of language?

Dr. Fraiberg felt that profound questions such as Dr. Galenson's were not possible to adequately deal with because the main concern was to keep the child and her mother out of the hospital and back together. Nina's level of vocalization picked up enormously within two months and she became a highly expressive baby. The data available were not adequate for answering these very important questions.

From the point of view of separation-individuation, Annie Bergman wondered if at age 7 months, the beginning of practicing sub-phase, for example, as Nina began to recover the love affair with the world and the relation that is so impressive during this sub-phase could be observed. And similarly starting at 15 months, what were the manifestations of the rapprochement sub-phase, with ambivalence toward the mother, struggle over autonomy and conflicts with the mother and how did this particular mother cope with that kind of struggle.

Fraiberg responded that Nina always did use her mother as the center of her world. Her responses, however, were muted and she was a joyless child. In this sense she was better

off than most other children in the study. The "love affair with the world" normally observed didn't exist in Nina's case due to the vast deprivation in her day care center and at home. This developed several months later, but not as a phase specific characteristic. At 15-16 months Nina began to stay up at night. It was learned that the mother who had been gently persuaded to postpone toilet training at about 9 months, had begun to toilet train Nina. Mother initially could not see that the sleep disturbance might be related to the resentment that all children may feel about compliance at this time. As if mother was being toilet trained herself, she became obstinate. So there was a struggle over autonomy not only for Nina, but her mother as well.

Dealing with this over several weeks, Karen was able to stop putting pressure on her child and things moved on. Fraiberg added that with concern over rapidly developing events, much that occurred could not be as adequately observed and many important questions could not be asked.

Dr. Cohen raised questions about the development of sexuality as well as aggression in this child in the light of the mother's age, her relationship to her own parents, and her view of sexuality. Indeed the development of the ego and its defenses, narcissism and self-esteem, communication and object relationships under the influence of such early problems and in the presence of depression and anorexia in the mother were the subject of Dr. Cohen's question. He also voiced concern over the current trend of diminishing financial support for children, mothers and programs such as this whose survival and continuation depend on sensitivity and humanness relative to the poor and their young.

Dr. Fraiberg pointed out the overdetermined problem of nutrition arising from the mother's own psychopathology was complicated by the level of poverty and the government's inadequate financial assistance. Although the mother was expected to educate and train herself toward future financial ability, the day care center made available to her was of the worst possible kind, depriving the child of all the necessary means of psychological and developmental growth. Intervention needed to occur on several levels simultaneously. She also remarked on the many important changes which had come about not

only in Nina but in many children with severe and early disorders due to severe parental pathology. Developmental guidance for the parents and picking up the links between the parental conflicts and impediment in parenting will significantly aid the child's development long before the resolution of the parental disturbance.

Dr. Call reflected on the impressive gains that can be made with relatively little effort in the severely deprived child, contrasted with small gains in less deprived children with comparatively much larger effort. Early intervention during infancy may have important bearing on neurological development and what otherwise might evolve into a permanent neurological deficit.

M. Hossein Etezady, M.D., Reporter
Member,
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Scientific Program of the
Southern California Psychoanalytic Society and
Institute with UCLA Extension, Departments of
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The Dream After 80 Years

The Interpretation of Dreams Revisited

Martin S Bergmann, M.D.

In the paper "The Interpretation of Dreams Revisited" presented by Martin Bergmann, he attempts, as the title indicates, to take "another look" at Freud's seminal work "The Interpretation of Dreams" published in 1900. The paper was divided into three sections. The first presented an historical perspective and reviewed some of the fundamental and by now well-known principles having to do with dream theory and their relation to primary process and the unconscious. He listed three core concepts from Freud's work which were: (1) that dreams have meaning and that free association to the elements of the dream would allow one to understand the meaning of the dream which was largely, (2) unconscious and that this unconscious meaning would then be made conscious by the work of the analysis and (3) the elucidation of the Oedipus complex which was the kernel of neurosis and marked the end of childhood libidinal development. He went on to state that dreams are the guardian of sleep and that in dreaming unconscious wishes and thoughts are attempting to push upward into consciousness for expression and they therefore must be disguised by the dreamwork of condensation, symbolization, and displacement thereby hiding the hidden meaning of the dream beneath the disguise of the manifest content.

He continued to enumerate several ideas and lines of thought which have emerged since 1900 and attempted to show in what way these ideas had influenced our present thinking about dreams. He noted that the latent content of the dream emerges through the patient's association to elements of the dream and that dreams are open to many levels of interpretation, that the meaning of the dreams are multi-determined. He also stated that the interpretation given to a dream is very much influenced by the frame of reference in which both the patient and the analyst are operating. He questioned whether all dreams clearly expressed repressed infantile wishes but he also commented that Freud's use of "infantile wish" was very broad and was not used in the restricted sense that many people think of it today. In Bergmann's view, any dream, if "pressed," can yield an infantile wish but this infantile wish may not be the central or

essential element in the dream. He commented on the increasing importance of the manifest content; that it was simply not a camouflage for important hidden meanings but that it could contribute significant clinical material in its own right. He then discussed some of the biological influences in the study of dreams since the discovery of REM sleep in 1953, where we have learned that dreaming is a normal and essential part of everyone's sleep and that much of our sleep time is spent in the process of dreaming. He stated that many dreams are simply forgotten, others are repressed and not accessible to us and some are remembered, especially those where there has not been a satisfactory resolution between conflict and gratification.

In the closing section of the paper Dr. Bergmann presented some thoughts on the relationship between Freud's self-analysis and the development of his theoretical concepts as expressed in "The Interpretation of Dreams." He noted that the central role of the Oedipus complex in Freud's theory corresponded to the importance of the relationship of Freud's father in his psychic life as well as the influence that the death of his father had in stimulating the formation of his theories. The interplay of Freud's self-analysis with the development of the theory was also highlighted by his relationship with Fleiss, and his resistance to fully analyzing that relationship perhaps prevented him from expanding his theory into other areas.

This point was echoed by Dr. Breger who briefly discussed the paper. Dr. Breger made the point that although psychoanalysis is an interpretative discipline and that our interpretations can be ever changing, not all interpretations are equally valid and that the best possible interpretation at the time is the one that can be used to most clearly understand what is paramount in the treatment at the time. Dr. Breger further remarked that in psychoanalysis we have a safeguard when making an interpretation and that is the patient, who can either validate our interpretation by his associations, or allow us to modify our interpretation in the context of the analytic work.

In summary, I felt that Dr. Bergmann's paper was well presented and interesting and that it lived up to its title, "The Interpretation of Dreams Revisited." However I am not certain that very much new was learned in the visit.

Stephen S. Klevens, M.D., Reporter

Editor's Note. The program included many presentations; regrettably other summaries were not received.

Termination Dreams
Roy M. Whitman, M.D.

Discussion at U.C.L.A.

Oct. 23, 1981

Human Rights

Jacobo Timerman

After the quotation, "The end begins much sooner than we believe," Dr. Whitman began by defining termination dreams as, "any dream that deals with issues of termination as opposed to termination phase dreams." He illustrates, with a sense of humor as seems natural to one so sensitive to dream symbols, how an initial dream can already imply the sort of ending therapy is likely to have. Sometimes initial dreams have even become termination dreams. "Pseudo termination dreams" portray successful resolution but hint at large remaining problems in the analysis, while the terminal dream is one occurring in the last two sessions of a mutually agreed upon ending. One of these terminal dreams was quoted from Dr. John E. Gedo's book Beyond Interpretation.

Then, after providing these distinctions, Dr. Whitman enumerated five frequent issues seen in termination dreams: time, extent of loss, extent of remaining work, work accomplished, and work to be done by one's self. Along with convincing and poignant dream examples of each of these issues, Dr. Whitman thinks that one's sense of ethnicity as part of one's identity is frequently strengthened at such times. For example, a student who dreamed of his head shaven, associated the religious custom of tonsure. Also Dr. Whitman gave examples of countertransference termination dreams which may enlighten the therapist as to what effect the patient's leaving is having on him/her.

Following a review of frequent criteria for termination, and another quote, "The ability to tell the whole truth leads inevitably to the end of lying on the couch," Dr. Whitman stressed the important role of dreams. He particularly thought that a repetitive dream occurring with modifications throughout therapy was most helpful, of course, but through dreams in general one can see where the patient and therapist are. For all of those fascinated assembled listeners, the end had indeed come much sooner than we expected, but I personally hope to get to hear our distinguished guest again soon.

Dr. Gerald Aronson, as discussant, "mused aloud" on one of the most difficult issues: whether a dream is seen as a wish or an assessment of emotional events. He further speculated on whether all dreams are in a sense termination dreams in the profound sense of encoding memory. Without encoding, memory could be continually crowded out with attendant intrapsychic termination phenomena. Impossible as it is to review such a rich paper and discussion, I have tried to give the reader a small sense of the rich detail presented.

Alan Blanc, M.D., Reporter

Because the psychoanalytic community in general, and the Bulletin specifically, has concerned itself with the political situation in Argentina, I would like to report on a Discussion with Jacobo Timerman on Human Rights sponsored by the U.C.L.A. Department of Political Science, the Center for International and Political Strategy, and the Latin American Center. The large audience filled the designated seating area, with latecomers sitting in the aisles and standing ten deep in the back of the auditorium. The format consisted of Timerman answering questions from the floor, so my comments will be somewhat scattered and sketchy.

There was much discussion of the situation in Argentina today being similar to that of Nazi Germany in the 1930s. Timerman said that our government reports that his book, Prisoner Without a Name, Cell Without A Number, says the situations of the two countries are the same. This is not what the book says, he countered. While the situation is, indeed not the same, the silence of the community is. He said the Majority is by nature always silent. In fact the old, traditional element of any society or organization are usually against change, action, and decision-making. Their response to cries for action is that to be outspoken is to put everyone in jeopardy. He cited historical situations in Italy, Germany, and the United States to illustrate, saying that even in countries where there is freedom and protection under the law, silence is generally the rule.

Timerman spoke of attending an international meeting of legal experts recently in Paris where the phrase, "forced disappearance of persons as a crime against humanity," was coined by the lawyers to label as a new crime political kidnapping by terrorist groups. It is hoped the United Nations, who sponsored the meeting, will accept the new designation.

When asked about the publicity that professional groups, physicians, psychoanalysts, scientists, and lawyers, have given to the Argentinian regime, Timerman gratefully acknowledged the success, though limited, of such attempts. "Pressure from the outside world is the only way to make things improve in Argentina," he urged. "International organizations must continue to strive for human rights; it is obscene for an individual not to fight for human rights."

Carol J. Wolff, Reporter

Scientific Program of the
Southern California Psychoanalytic Society
Oct. 19, 1981
Current Views of the Psychoanalytic Process
Stephen Klevens, M.D.

Dr. Klevens presented an excerpt of short treatment in a psychoanalytic process of a college professor, Dr. A., who experienced symptoms of depression, anxiety, and diminished self-esteem subsequent to the dissolution of an extra-marital relationship with a graduate student who then rejected him and caused him to feel severe depression. He contemplated suicide and was referred for psychoanalytic treatment. He broke up the relationship because of guilt feelings about his marriage.

Past history revealed a Catholic family with childhood unhappiness and aloneness, and certainly cool relationships with his parents and a younger sister. There was little affection and there was a consistent feeling that mothering was absent and there was much criticism from his father. The mother was more intellectual than the father, and his disappointment in the latter was perhaps a contributing factor to the development of one positive relationship between the son and the mother, that is, recognition of his intellectual capacities. He was poor in sports and therefore not well accepted by his athletic father. He received his B.A. and Ph.D. from a prominent university, and was married for seventeen years to a competitive and capable woman who is also a professor.

Sexually, his relationship with the wife was a passive one, and he feels isolated and generally expects his wife to be more competent than he is socially. Professionally, he is quite successful, and yet feels isolated and unacceptable, especially with men. There are two children in the marriage and he feels relatively distant from these daughters also. He perceives women as being two types, either passive like M., his mistress, or aggressive like his wife. He himself is fearful of being aggressive, although he can do so in intellectual spheres.

In the analysis he accepted his problems as being intrapsychic, and presented a dream wherein he and his wife were at a concert and his wife stepped in to fill a part of a missing musician, and the patient became jealous instead of proud of her.

He feels guilty about his competitive efforts and tends to idealize the analyst whom he sees as wealthy, sexually attractive and phallic. The analyst spoke of an absence of apparent transference feelings except on rare occasions. The patient expressed much conflict about intimacy, feeling that it was equivalent to weakness and a loss of autonomy, and he defended against his needs by withdrawal and superiority.

Dr. Mason seemed intrigued by Dr. Ekstein concept of the myth, but took a more skeptical view of the patient's history and commented about the great absence of warmth in the patient's life. He also seemed surprised by the analyst's notation that transference elements seemed to be missing. Dr. Mason felt that the missing element for the patient was his own capacity to express his neediness, and felt that the wife represented too much of an ego and someone too active, such that she interfered with the patient's capacity to be dependent or expressive of his neediness. He also felt that this problem in expression reflected the patient's attitude that neediness represented badness, weakness, and femininity.

Dr. Linden, who works within the sphere of self psychology, commented about the narcissistic wounding of children as a result of assigned roles given by narcissistically deprived parents. He felt the mother was herself cold and depressed, and consequently the child felt that his own body was ugly and defective and he, himself, was not engaging and therefore boring, and presented himself this way in the analysis. He spoke of the child's needs, and in addition discussed the mother's needs as well as the father's needs, and attempted to integrate these issues in order to demonstrate the resultant sense of deprivation within the child. He felt that the child had reached some homeostatic balance in this depriving situation which was a position of isolation and depression. He felt that

Scientific Program of the Southern California
Institute and Society
September 21, 1981

Reading Freud's Paper
"Civilization and Its Discontents"

James Fisher, M.D.

What a contrast it was to return after a relaxing summer and find, in this first program, such a scholarly presentation and an invigorating discussion. James Fisher, Ph.D., a U.S.C. history department faculty member and clinical associate of the Los Angeles Institute, presented his analytic examination of Freud's famous essay. His paper was from a cultural and intellectual historical point of view. After indicating that Freud's focus on a conflict model of the mind was a conceptualization in mental dualism and binary opposites, and that this style deepened the understanding of a principle, Fisher used this same style to analyze the essay.

He proposed that Freud's own ambivalent feelings toward Romain Rolland were creatively condensed and displaced into his discursive examination of the civilization as a whole. Fisher states Romain Rolland's influence is throughout the text and that this factor enabled Freud to be very subjective in his examination of culture. Freud attributed Rolland's religious "oceanic sensation" to one's early infantile attachment. To Freud, Rolland represented both the literary accomplishments of civilization and the religious dangers of excessive sublimation.

Fisher showed Freud's skillful maneuvering as one who appears innocent and lowly, as merely a "terrestrial animal" when compared to his friend, Rolland, the experiencer of universal love and oceanic sensations. Being a historical scholar familiar with Rolland, Fisher was able to clarify some ideas of Rolland's in a manner that Freud's work did not address. For instance he relates the "oceanic sensation" to much more than a religious mystical experience. Instead he sees Rolland as really addressing unconscious sources of imaginative, artistic, and creative experience while also exploring the integrative, harmonizing emotional aspects of insight and self understanding.

Fisher became more speculative as he explored Rolland's influence on Freud's use of analogies to show that our past is preserved in our current behavior and mental life. He assumed Freud's selection of the ancient city of Rome related to his association with Rolland while I think Freud was well known to have himself had much interest in that city and its past. The depth of Fisher's knowledge of history and of Rolland, and perhaps his unconscious identification with Rolland as a fellow historian, may have led him to unwittingly magnify some of the French writer's influence.

The presenter explored Freud's discussion of universal love and love in general in light of Rolland's presence. Then in parallel manner, he related Freud's defense against aggressive feelings with Rolland and his view of the "oceanic sensation" as also a defense against aggression. The limitless narcissism that the sensation reveals also at the same time conceals, Fisher said, a feeling of universal hatred for humanity. This is the same reaction formation that Freud saw in the religious commandment, "Love thy neighbor as thyself."

In Freud's eyes Rolland was the more recognized writer of the two. This led to subtle devaluation and competitive comments in Freud's paper. Fisher pointed to Freud in the essay as the demystifier, the seeker of truth who rejects the "full spectrum" of Rolland's positions.

Using a Lacanian concept Fisher clarifies Freud's use of Rolland as an other or double:

an object of irresistible attraction and aversion, someone with whom Freud is deeply identified and yet from whom he felt inseparably different.

Rolland represented suppressed or unconscious aspects of Freud's own personality. Freud used this relationship creatively as he had previously with others such as Fliess and Jung. Fisher stated:

As the Other, Rolland had gifts that Freud lacked. If we analyze the ambivalence of this relationship we can infer that Freud valued scientific sublimation as ultimately more reliable and more prudent than the substitute satisfaction of the artist. Despite his sensitivity to literary, plastic, and representational forms of artistic expression, Freud was disturbed by and distrustful of artistic creations which had their origin in the realm of the id.

Fisher aligns himself with Freud and this great work of his as he states,

In the twentieth century only the ignorant can afford to bypass psychoanalysis. Such an education aims at subverting naive or anti-psychological prejudices, at eroding rigid ethical codes and outdated moralism, in order to establish a more sober approach to the perennial question of freedom and necessity.

He sees the liberating quality of the psychoanalytic ethical neutrality as a step toward allowing the reality principle to dominate the pleasure principle in the use and growth of human awareness.

As both an historian and a clinical associate Fisher sees that,

Psychoanalytic culture criticism is at the interface of theory and practice, working toward the individual's mastery of infantile modes of thought and behavior without denying the complexities of lived experience.

Each of the three discussants presented their unique reactions to the paper. They continued the scholarly pace set by Fisher. Each was well informed and intellectually stimulating. Stuart Ende began by pointing to Fisher's interesting psychoanalytic approach of seeing a writer or reader's motivation and expression as having several different levels such as manifest/latent or conscious/unconscious.

Ende sees the problem of having emotional reactions in relationships and yet trying to objectively deal with an issue. For example, Freud relating to and yet objectively analyzing his ideas on Rolland and civilization; Fisher's ideas on Freud; and finally Ende's ideas on Fisher. Do we decenter the substance of the essay by focussing on the hidden level he asks? Not necessarily, Ende says, and Freud's association with Rolland may also illuminate deeper levels such as Freud's relationship to illusions in general.

Appropriate for an English professor, Ende acknowledged Freud's rhetoric of ambivalence with some indications of suppressed hostility in connection with Rolland. He believed Freud was dealing with his own susceptibility to the comfort of the regressive illusion in the oceanic sensation. He aptly asked why Freud had no memory of this feeling if it was an early developmental experience.

Ende sees the themes of love and illusion as running through Freud's essay and that Rolland's romanticism with its idealizations and mergers and with enticing narcissistic gratifications represented a regressive threat to Freud. Freud's motivation for the essay was seen as a defense against anxiety of regression in himself and as a means of still retaining the capacity to love.

Rod Gorney next introduced his impression by complimenting Fisher on his interpretive study of Freud's motives and he agreed with these hidden ideas about a "Rolland conflict" helped explain the "terrestrial animal's" distress over the oceanic sensation.

Dr. Gorney then talked on his own area of interest which did not seem to me to relate directly to Fisher's paper. Dr. Gorney took the historical view that fixed agriculture created surpluses and this became "the first substantial motivation for violence between humans." Here he is refuting Freud's belief that there was an instinctual basis for human violence. He cites several quotations from Freud's essay which he felt were in error as compared with the known facts of the time and he asks Fisher why Freud clung to these distortions.

Peter Loewenberg explored why Freud used Rolland as a double or other. The other reflected the ambivalence of identification vs separateness and of attraction vs aversion. He stated that Melanie Klein saw identificati

Response of Leon Wallace

To Marvin Osman's "A Critique of Silence, Sleep and the Psychoanalytic Situation"*

as critical for the suppression of envy and jealousy. Loewenberg saw Fisher's paper as extending Freud's great endeavor of exposing unconscious motives such as seeing a person's love of culture and humanity as having combined with it the denial of aggression.

The discussant saw a pattern of Freud's which was to develop special long distant relationships of intimacy and idealization. He cited Freud's engagement to Martha Bernays, his transference to Fliess and the long distance friendships with Jung and Rolland as well as Freud's avoidance of close intimate relationships in Vienna.

Loewenberg believes this is a special type of object relation which preserved autonomy and limits and yet with it also provides safe intimacy and kinship. This same object relation can be seen in a different aspect of "Civilization and Its Discontents." As my daughter, Shelley Carter, stated in a paper comparing Freud's essay with Mao-Tse-Tung's, Selected Works, Freud saw society and the family unit as enhancing more people's individual autonomy by preserving limits and yet providing both expression and control of one's love and aggression.

Alex Rogawski correctly commented that the night's discussion, although interesting and informative, had missed dealing with important issues in the manifest material of Freud's essay. John Lindon responded to Gorney's comments with a defense of instinctual theory by citing recent work from twin studies which support more ideas of inherited personality qualities. It was indeed an evening of rich, scholarly activity and only by identifying with the participants was I able to control my envy of their excellent presentations.

Scott Carder, M.D., Reporter

I want to thank Marvin Osman for his thoughtful review of my paper, and I want to respond to his critique of my discussion of the self psychology of Kohut. Marv and I are evidently not far apart in our approach to psychoanalytic technique. He does, however, find some aspects of Kohut's theories more useful than I do.

In defense of Kohut's views Dr. Osman repeats the principal fallacy of Kohut, the Ornsteins and Schwaber. He implies that there is a dichotomy between Kohut and Freud in regard to the role of empathy in psychoanalytic technique: 'Self-psychologists' advocate an introspective-empathic response to the patient which nurtures the patient's attachment to the analyst, while it repairs the developmental deficiencies of the "self." 'Conflict-theorists' presumably work in an emotional vacuum with bare theoretical interpretations substituting for empathy. Kohut did not discover empathy, and he was not the first to recognize its importance in psychoanalysis. Osman agreed fully with my thesis regarding the need for emotional responsiveness to the patient. Could this be done with therapeutic effectiveness without considerable "introspective-empathy?"

From the time that I began my psychiatric residency in 1950, I, and most of my colleagues, understood that a therapist's effectiveness was determined predominantly by his capacity for empathy. Most new psychoanalytic theories, in fact, appear to me to be efforts to compensate for deficiencies in this capacity, especially in dealing with manifestations of negative transference. The clinical reports of Kohut's followers imply that their highly disturbed patients have few or no conflicts associated with problems of primitive aggression that need to be dealt with in the treatment. This is contradicted by clinical observations of many psychoanalysts who have treated very disturbed patients.

*Bulletin of the Southern California Psychoanalytic Institute and Society, Fall 1981.

Timing and tact of interpretation are talents that derive directly from the empathic capacities of the therapist. This is a fact denied by self psychologists in their grossly distorted descriptions of a mechanical approach to interpretation practiced by freudian analysts. Osman quotes Ornstein in this context, as if freudian analysts are unable to select an approach to interpretation based on an empathic awareness of the patient's current dynamic situation. Ornstein's speculation of how a freudian analyst would approach the given situation, in fact, would be completely wrong in most 'freudian' analytic circumstances. The fact that some purported freudian analysts may do poor analysis is no justification for further distortions by its critics. They have the obligation to master freudian theory and technique before they advocate something "better."

The basic transference which I emphasized in my paper is stimulated primarily by the analyst's empathic responses. This is a point on which Osman and I concur regarding psychoanalytic technique, although our theoretical perspectives appear to diverge. This empathic response is not only a "humanitarian" attitude in the analyst, it is also a "human" response in any interpersonal relationship. To the extent that a person is free from conflict he responds with empathy. Psychoanalysts attempt to refine this capacity within themselves for the purposes of "deeper" investigations. I disagree strongly with Kohut's view that an introspective-empathic response should be limited to a select group of very unhappy patients, and I doubt that Osman will argue with me on this issue.

The primary conflicts associated with the capacity for empathy (basic transference in the patient) have their roots in the oral triad. Lewin's formulation provides an important, although necessarily limited, perspective regarding the roots of the ego. If the roots are not secure in the patient, the capacity for empathy is impaired. Instead, the patient experiences the kind of merging fantasies that are associated with destructive and cannibalistic fantasies. In other words the fantasy of psychic merging in the adult (the "mirror transference") is an ego function which, at its most mature level, provides the capacity for empathy. Its pathological manifestations are associated with fantasies and feelings of isolation and destruction. The destructive fantasies stimulate various defensive formations, including an "idealizing transference." This is a common observation that I have discussed previously.

Osman recognizes that an excessive focus on empathy as technique can obscure the analyst's ability to recognize the patient's defenses against destructive fantasies. He does not make one additional step by acknowledging that the support from the "mirror transference" is nothing more (nor less) than support for the roots of the patient's 'healthy ego.' This has been applied by Kohut to some patients whose egos are fragile. Such support can stimulate a reorganization of the patients' defenses over a period of time in some cases, even as they reinforce the functions of the 'healthy ego.' The therapeutic results of Kohut's techniques are easily conceptualized in freudian theory as a consequence of this support; but the therapeutic results are limited!

INSTITUTE NEWS

CLINIC NEWS

This is the third year of the Clinic's new system of evaluating applicants for treatment in the Clinic. The procedure includes the following steps:

- 1) completion and review of the application and any reports on previous treatment,
- 2) the tape-recorded, associative intake interview
- 3) an interview with a supervising analyst and a member who is active in the institute, and
- 4) the review of the entire protocol, discussion and decision regarding acceptance or other disposition by the Clinic Committee that meets monthly in the evening.

Applicants can be screened out at the first or second step. Those who do not proceed or are not accepted are helped with an alternate treatment plan. The system continues to work well, and the Clinic Committee appreciates the excellent cooperation of the participating supervising analysts and members.

The Clinic Committee for this academic year consists of: Dr. Laila Karme, Director, and Committee members, Drs. Irving H. Berkovitz, Paul R. Click, Albert D. Hutter, Stephen S. Klevens (also representing the Clinical Associates' Organization), Doryann Lebe, who was a member in the past but is a newcomer to this committee, and Howard D. Ross. It is with regret that we report the resignation of Dr. Stephen S. Marmer who served the previous two years. He was extremely helpful, devoted, and conscientious. He will be missed. We wish him well in his new activities.

Laila Karme, M.D.
Director

It is with great satisfaction that we report the first graduation. At the meeting of the Board of Directors of Feb. 23, 1981, Miriam Harris was granted the degree of Ph.D. in Child Psychology. Currently there are three classes of nine, eleven, and ten matriculating. Applications are now being accepted for a fourth class to begin in the Fall of 1982.

The first Chairman, Heiman Van Dam, M.D. resigned from the Board of Directors as his son and daughter-in-law began their matriculation in the program. His resignation was received with regret as his contributions have greatly aided the development of the program. It was with regret also that we acknowledged the end of the term of office of one of the other two remaining charter members of the Board, Irving Berkovitz, M.D. Irv worked hard to develop the program and served as Chairman of the Admissions Committee during the deliberations on the applicants for the first three classes. Kenneth Rubin, M.D. and James Rosenblum, M.D. also finished their terms of office this year. Maria Lymberis, M.D. and Ben Kohn, M.D. resigned their positions in November 1980 and September 1980, respectively. New Board members include: Drs. E. Jack Perry, Peter Landres, I.H. Weiland, Helen Wolff, Jerome Karasic, and Elliott Tressan. Dr. Leonard has been re-elected Chairman and Dr. Perry has been elected Treasurer for the 1981-82 fiscal year.

The California State Department of Education's Office of Private Postsecondary Education is maintaining its surveillance of the Program's academic growth and recognition. That office has scheduled a two day site visit review for Nov. 4 and 5, 1981. Meetings between representatives of the Board of Directors of the Program and members of the governing bodies of both psychoanalytic institutes have been conducted. The Program remains eager to continue its affiliation with the recognized psychoanalytic institutes in order to compete effectively in carrying out its goal of intruding into the non-analytic and anti-analytic communities of professionals dealing with various aspects of children's emotional and mental development.

With a generous contribution from the Eugene Mandel Family Foundation, a library was initiated. We look forward to its growth.

Our Board members, notably Irv Berkovitz, have been discussing the ability of the Program to return monies supplied by the two psychoanalytic institutes (\$2500 each). The Treasurer recommended a partial payment of \$1,250 to each Institute. Final action on this proposal will be decided at the October meeting.

At its last meeting, the Board approved appointment of Dr. James Rosenblum as Associate Program Director.

John F. Leonard, M.D.
Chairman

Members' and Associates' Activities

Roman N. Anshin, M.D.

Some years ago the Bulletin carried a listing of members' and associates' projects and appointments. I would like to reinstate this feature by focussing on the professional activities of Society members. I am also particularly interested in publishing the following:

1. Research Activities. Many of us could contribute advice, information or time to each others' projects. We urge you to share your current research.

2. Study Groups. There are a number of ongoing study groups. It would benefit associates and members to be aware of these activities.

I look forward to and welcome your contributions.

Martin Grotjahn, M.D. left office practice in April 1980 and has been involved in several projects slated for publication. "Group cohesion as a factor in the therapeutic process" appeared in Group Cohesion edited by H. Kellerman. Dr. Grotjahn has a three-part project ready for publication with the first part, "The therapeutic group process in the light of developmental ego psychology" being published in Group, September 1981. His second report focusses on the growth producing and paradoxically catastrophically-destroying relation of "the other" to the self, along with other issues as regards group therapy as relationship therapy, has been accepted for publication in the International Journal for Group Therapy. The third paper, as yet not published, contains the description of a group therapy of extreme narcissistic personalities. Dr. Grotjahn is interested in suggestions as to how material in this report might usefully be discussed. Please contact him if you have any suggestions.

Gerald Jacobson, M.D. is completing a book on The Multiple Crisis of Marital Separation and Divorce, which includes psychoanalytic and research findings. He is co-principal investigator in an N.I.M.H. study involving psychiatric screening questionnaires and their usefulness in general medical settings.

Ronald Mintz, M.D. was recently appointed to a three-year term on the A.P.A. Committee on Peer Review.

Barry Panter, M.D. is conference director for a one week conference on "Creativity and Madness - Studies of Art and Artists," to be held in April 1982 in Maui, Hawaii. A number of institute members and associates will participate in the program.

John Lindon, M.D. has been conducting research for the past ten years on "Psychoanalysis by Telephone," and is preparing for publication. He is interested in hearing from colleagues who have experience in this area.

Alex Rogawski, M.D. was recently appointed Clinical Professor of Psychiatry, UCLA Department of Psychiatry. He published a book review of Saul's Childhood Emotional Pattern and Psychodynamic Therapy in the September 1981 American Journal of Psychiatry. He gave two presentations on "Brief Dynamic Psychotherapy" to the San Fernando Valley Kaiser Permanente Department of Psychiatry.

Irwin Schultz, M.D. was recently elected President-elect of the Los Angeles Group Psychotherapy Society, 1982-84. He is chairing a workshop on "The Termination Phase of Group Psychotherapy," at the February 1982 Annual Meeting of the American Group Psychotherapy Association.

Alex Sweet, M.D. recently delivered an address at the USC Department of Psychiatry's Speakers Forum on "Short-term Dynamic Psychotherapy."

Norman Tabachnick, M.D. will be affiliated with the Department of Movement Therapy, Loyola-Marymount College, where he will teach a clinical and theoretical course on the psychoanalysis of movement. Along with other colleagues from his Research in Movement seminar in the institute, he presented a half-day program at the Mid-winter Academy of Psychoanalysis meetings regarding spontaneity and movement in psychoanalytic therapy. He reviewed Farmer and Hirsh's The Suicide Syndrome in the Am. J. Psych., April 1981, and wrote an article on "Adult Play" for the seventh volume of the American Handbook of Psychiatry. Dr. Tabachnick has in press "The interlocking psychologies of adolescent and suicide," Annals of Adolescent Psychiatry, and a book review of Rose's The Power of Form, International Review of Psychoanalytic Books.

Victor Wolfenstein, Ph.D. has recently published The Victims of Democracy: Malcolm X and the Black Revolution through the University of California Press. Two recent publications are "The paranoid-schizoid position in clinical practice and historical research," presented at the annual meeting of the International Society for Political Psychology, and "Psychoanalytic reflections on the 18th Brumaire of Louis Bonaparte," delivered at the annual meeting of the American Political Science Association.

Sherwyn Woods, M.D., Ph.D. is the editor of Critical Issues in Psychiatry: A Series for Residents and Clinicians published by Plenum. The eighth and most recent book published is Schizophrenia by John S. Strauss and William T. Carpenter, Jr.

Larry Pomer, M.D. continues to review books of psychoanalytic interest for The Library Journal, a journal devoted solely to pre-publication reviews, subscribed to by the nation's libraries.

Roman N. Anshin, M.D. presented a seminar on "Writer's Block" to the West Coast meeting of the Dramatists' Guild in November 1981.

Barton J. Blinder, M.D. has been elected President of the Orange County Psychiatric Society, 1980-82. He recently was appointed Associate Clinical Professor of Psychiatry, University of California, Irvine, Department of Psychiatry. He presented a paper on "An integrated psychobiological treatment for anorexia nervosa and bulimia" at a UCLA Extension Conference, September 1981.

Barry M. Panter, M.D. would like to organize a group to study the work of Heinz Kohut. The group would begin in late January, and meet in the San Fernando Valley on alternate Thursday evenings. Anyone who is interested in joining the group is invited to call him at 842-8818 or 789-9754.

CHILD ANALYSIS SECTION

CHILD ANALYSIS FELLOWSHIP.

A \$10,000 Fellowship in Child and Adolescent Analysis was established at the Annual Meeting of the Southern California Psychoanalytic Institute to be funded by the institute and private contributions. The fellowship intends to stimulate child analysis training by helping offset its additional cost. Funds will be distributed over a three-year period.

Applications for 1982 are to be submitted to Kato van Leeuwen, M.D., Chairman of the Child and Adolescent Analysis Section.

Samuel Eisenstein, M.D., President
Daniel C. Siegel, M.D., Chairman
Education Committee
Kato van Leeuwen, M.D., Chairman
Child and Adolescent Analysis
Section

BOOK REVIEWS

A REVIEW ESSAY BY LOUIS BREGER, PH.D.

Walter Kaufmann, Discovering the Mind: Volume III: Freud Versus Adler and Jung.^{*} New York: McGraw-Hill, 1980. Pg. 494. \$17.95.

There seems to be a recent surge of interest in Freud, a reappraisal of his contributions from diverse points of view. Those within psychoanalysis itself continue to modify theory and technique and there are, as well, voices from other fields: biography, intellectual history, history of science, psychology and philosophy. The late Walter Kaufmann's work was centered in German philosophy and literature; he has written on Kant, Hegel, Existentialism, is the author of a provocative biography and sensitive English translation of Nietzsche -- indeed he is something of a Nietzsche spokesman in this country -- as well as translations of Goethe and other German poets. His mastery of German and English are put to good use in the present work.

Kaufmann stands outside the mainstream of American philosophy, he is unsympathetic to the English analytic tradition, to positivism and its offshoots, and to most of social science and academic psychology, which he views as so much noise or busy work, obscuring a true understanding of the mind. The present volume completes a trilogy devoted to "discovering the mind"; the first compared Goethe Kant and Hegel, the second Nietzsche, Heidegger and Buber and this one Freud, Adler and Jung. Goethe and Nietzsche are the heroes of the first two books and it is one of Kaufmann's central theses that Freud stands in a tradition connected to them and separate from other lines in philosophy, especially those derived from Kant and Descartes.

Goethe, Freud and Nietzsche practice what Kaufmann called "poetic science," an approach characterized by observation of both oneself and others without the separation of observer and observed, the location of both self and other within the scheme of nature (without dualism or splits between mind and body, human and animal), by skepticism and openness to change. This is not an approach that leads to certainty or to fixed systems, baleful legacies that Kaufmann traces to Kant. Goethe argued that we are our deeds and took a developmental view of life, principles that one finds in Freud.

Overall, I find Kaufmann persuasive both in his placement of Freud in the German literary-philosophical tradition (though additional lines of influence are needed to complete the picture) and in his characterization of psychoanalysis as a poetic science. The work of a number of recent writers -- Robert Lifton, George Klein, Paul Ricoeur, Roy Schafer -- take a closely related position. As an additional aspect of this approach, Kaufmann argues that, in the study of human experience, one cannot separate the man from his work, ideas from the style in which they are presented, the lived life from theory, self-understanding from a general understanding of the mind. In keeping with this point, his evaluation of Freud, Adler and Jung encompasses both their theories and a comparison of them as persons. What can be said about them from a study of their styles and use of language, their letters and interaction with colleagues? Drawing on all these sources, Kaufmann arrives at his own view of the three theorists and the differences between them. In a word:

Nobody has contributed more to the discovery of the mind than Freud, but we must go beyond him. Adler and Jung tried to go beyond Freud while he was still living, but slowly and reluctantly, I have arrived at the conclusion that they have obstructed rather than advanced our understanding of ourselves and others. Adler and Jung were singularly lacking in self-understanding, and their images of Freud were caricatures (p.3).

Kaufmann argues that Adler and Jung are responsible for the picture of Freud as dogmatic and unscientific, a false picture derived from their own reactions to him, but one which has had lasting influence. The comparison of the written works of the three theorists -- which Kaufmann does from the original German texts -- is particularly revealing. Freud is a master of language and style, he writes clearly, considers alternatives and objections (hallmarks of a scientific approach), changes theory over the years in response to new observations, is intellectually honest, and has a sense of humor. There is modesty and lack of pretension

^{*}A slightly modified version of this review will appear in Contemporary Psychology.

here, even clearer in the original German; for example, Kaufmann shows that the Greek and Latinisms "parapraxis," "ego," "id" are the work of English translators, Freud's own terms are better rendered as "misachievements," "I" and "it." Both Adler and Jung wrote badly and they read even worse in the original German. Adler rarely took the time to organize his ideas and express them clearly and a number of his published books were actually pieced together from lectures and student notes. Adler was a man with a message, too busy to sort through his ideas in a critical fashion, a task he left to his disciples. Jung's style is another matter. While his collected works run to many volumes, there is little continuity of concepts and a great deal of arcane erudition; the style is heavy and humorless. Kaufmann distinguishes between erudition -- the display of out-of-the-way references, obscure lore and diverse facts -- and critical scholarship. Jung is long on erudition but weak as a critical scholar; he seems unable to distinguish a loose speculation from a plausible hypothesis from a principle with solid factual backing. Again, I find Kaufmann persuasive here; when one returns to the texts one is impressed with the amount of compressed meaning in Freud, as well as his sense of humor, intellectual honesty and modesty. An essay like Civilization and Its Discontents can be read again and again for new insights. Rereading Adler and Jung produces a very different effect; there is less there than initially meets the eye; one pares away Jung's erudition or looks beyond Adler's popular sloganizing, only to arrive at rather insubstantial content. Adler and Jung strike one, as Kaufmann notes, as forerunners of our contemporary psychological gurus.

Kaufmann argues that these are not just matters of style. The mind of the theorist, his understanding of himself and his contribution to the understanding of others, is embodied in his writing. Man is his deeds, and for a psychological theorist his written work is a central deed. Adler and Jung, each in his own way, are muddled writers because their theories are muddled, they could never be clear because they had a stake in not understanding themselves. Kaufmann does not rest his comparison of the three theorists entirely on style, to be sure, he presents a detailed comparison of each theory. He lists Freud's contributions as: the method ("poetic science"); the discovery of the importance of childhood and sexuality; the

interpretation of dreams; the psychopathology of everyday life; the interpretation of jokes, literature, art and religion; the understanding of "mental illness"; psychoanalysis as therapy; and, finally, Freud's own honest and productive life. Rather an impressive list. Among Adler's main contributions are recognition of the role of inferiority feelings, of aggression and competition; yet these same ideas have a deeper significance when taken into psychoanalytic theory itself. Jung fares the worst of the three; the "introversion-extraversion" and "thinking-feeling" dimensions suffer the failings of all typological and diagnostic schemes. Other ideas, such as the collective unconscious, have not held up well; indeed, it is hard to point to any specific Jungian contribution that has stood the test of time. Kaufmann's review of theories, styles and lives converges and supports the general picture that he draws. It is a persuasive and finely documented account, one that should be read by all those interested in getting a clear view of the differences, both personal and theoretical, between Freud, Adler and Jung.

The book is not without faults. Kaufmann engages in side arguments with a number of writers -- Adler's biographers, Jaspers, Marcuse, Popper, Roazen, Sartre, Schorske -- and, while these arguments are germane to his central thesis, there is insufficient space for a full development of the complex issues involved. In addition, his understanding of psychoanalytic therapy is rather primitive -- for instance, he defines transference as falling in love with the therapist -- and he seems unaware of the many complex developments in therapy since Freud. Related to this is a failure to appreciate the role of transference in both the Freud-Adler and the Freud-Jung relationships. Lacking the clinical experience that only came later, Freud and the other early analysts thought they could mix in the interpretation of each other's dreams, symptoms and slips with both personal friendships and professional work. They were playing with a much more powerful technique than they realized and the break in personal relationships -- this is very clear in Jung's reaction to Freud's interpretation of his actions -- was occasioned by what we would now see as careless transference interpretations. It is significant that the most important difference between Freudian therapy, on the one side, and Adlerian and Jungian therapies on the other, revolves around this issue. Freudian analysis centers on the development and interpretation of the transference; the therapy of Adler, Jung and followers avoid it. This contemporary legacy of the historical break is a point that Kaufmann misses in what is, in many other ways, a stimulating, readable and significant book.

Gleanings From Grotjahn Martin Grotjahn, M.D.

John Peck's Freud Letters

Some years ago--it must have been in 1965--John Peck told me he received, to his surprise, xerox copies of six Freud letters. The originals were sold at auction in New York about that time. These letters are dated between June 26, 1938 and December 1938. In other words the first letters dated from three weeks after Freud's arrival in London on June 6, 1938. They were not addressed and no envelopes were copied. They are addressed simply to: "Dear Doctor."

The recipient must have been an ear, nose and throat specialist in Vienna, whom Freud consulted because of pain in one year. Freud reassures the doctor that he has not forgotten him and remembers well that the doctor is planning to leave Vienna with a stopover in Paris, on his way to America. Freud tells the doctor that "Your organ, the ear" caused little trouble and that he was deaf in that ear for a day and a half. He feels now much better. He complains, however, about problems with his prosthesis. Among new symptoms is bladder trouble due to prostate enlargement, treated with hormone injections. He also suffers from "an unpleasant heart condition," with great fatigue "since Paris." The heart reacts well to nitroglycerin and unfortunately calls for a drastic reduction in smoking. Freud does not like to complain but he has to worry about his health, his unsettled life, his expenses, and does not know what may happen to him in the future,

In the next letter it was time to congratulate the doctor on his "liberation." A check is included obviously for the consultations Freud had while still in Vienna. Freud refers the doctor to Mack Brunswick in Paris or London, who holds money for him.

On August 16, 1938 Freud writes again about his health. A new complaint has developed: brief attacks of bronchitis with breathing difficulties. "This way," continues the letter, "...we have very little occasion to be bored."

Freud's last letter to the doctor was written on December 21, 1938. Again he congratulates the doctor for having escaped from "hell" and expresses the hope that the rest will take care of itself at a later time. Freud is sad and tired about the difficulties in helping people to leave Austria, how hard it is to help, and how what he does seems to be in vain. This seems to lie heavily on him. Otherwise he complains about painful and slow rejection of bone fragments of his jaw after

his last operation. "Naturally I know that at my age and considering the nature of my ailment I can't expect too much, but unfortunately I sometimes forget these homely truths." Freud adds that wife and daughter are fine, and his wife works already as hard as ever. He has received a "tempting looking package from Simmel" in Los Angeles.

The six letters give a vivid impression of an old, tired, and sick, but still great, man who tries to start the last chapter of his life after being uprooted from his environment and planted by his friends in a new one.

Etelka and Martin Grotjahn, M.D.

Six Letters from the Freud-Ferenczi Correspondence

Ilse Grubrich-Simitis, known mostly through her extraordinarily informative contribution to the pictography of Sigmund Freud's life, had access to the correspondence between Sigmund Freud and Sandor Ferenczi. She selected four letters between the two friends from the year 1924 and two from 1928 (published in Problemata No. 88, edited by G. Jappe and C. Nedelmann, published by Holzboog).

Ferenczi started to write Freud in 1908, was analyzed by him in 1914-1916, but continued his "supervision of self-analysis" in this correspondence for many years. (Ferenczi died in 1933.) The letters are therefore considered intimate, analytic, privileged communication, and most of them will remain unpublished. They also contain remarks about persons still alive. These selected specimens deal with the question of classical insight directed psychoanalysis versus "elastic" analysis (Ferenczi) with emphasis on what we would perhaps call today "the existential moment," or the emotional impact of early experience relived in the analysis.

In his first letter (Jan. 22, 1924), Freud allows himself only the words, that he is "not in agreement with everything." Ferenczi is besides himself about such lack of recognition. Freud seems to feel innocent and asks (in letter three, Feb. 4, 1924), please to tell him what he really has written since he does not even remember it.!

Then, slowly, the controversy between Freud and Ferenczi, and Ferenczi's new active technique develops, and it seems that Ferenczi did really go quite far in his motherly loving acceptance of his patients (letters from 1928).

Ilse Grubrich-Simitis' commentary shows the importance of this split between insight and emotional experience, going through the entire analytic literature from that day to this. She relates this development to Mahler, Winnicott, Balint, Kohut, and Kernberg. One gains the impression that a middle way between the opposite approaches could be found, and is perhaps already made. This is shown by her with skill, insight, and detailed knowledge of analytic history and literature. She tries also to give insight into the psychology of Ferenczi and his therapeutic temperament (or fanaticism).

In the first letter Freud refers to his Steinach operation, the factual existence of which was doubted. Once more old man Jones was proven to be right again in his Freud biography.

Martin Grotjahn, M.D.

IN DEFENSE OF PARAMETERS

Martin Grotjahn, M.D.

Ralph Greenson's Book, Explorations in Psychoanalysis (1978), was reviewed by Wayne A. Myers, M.D., New York, in the recent issue of the Psychoanalytic Quarterly (1981, pp. 272-275). The reviewer obviously took his assignment seriously, had read the book carefully and criticized it with thought and knowledge of the analytic literature on theory and technique. The reviewer's critical summary is so astonishingly dogmatic that I did not expect anybody to assume any more such intolerant attitudes in the present time. I thought the case for an exclusively transference interpretation directed analysis is closed, the argument almost forgotten, and of little historical interest.

In "The Mother Tongue and The Mother," (1950) Greenson described how his change from English to the patient's original German mother-language made analytic progress possible. The reviewer contends that by showing that the analyst's ability to conduct analysis comfortably in two different languages fortified his position of omniscience, omnipotence and "phallic-intellectual power."

Fifteen years later Greenson summarized his opinion about "The Working Alliance in the Transference Neurosis" (1965). When he showed that constant and exclusive transference interpretation may in certain situations confuse and disorient the patient, the reviewer objects that even in such situations only interpretation, not a correction, confirmation, or realistic clarification is indicated.

In Greenson's analysis of a Transsexual Boy (1960), the analyst even went swimming with his five-year-old patient, and gave the boy a badly needed corrective emotional experience, which the reviewer believes should be avoided as a substitute for a sounder, interpretative approach.

Greenson's visiting a patient at home and in the hospital, even though her husband is dying while she delivers her child, is disapproved.

The reviewer's conclusion: Greenson's parameters are, "...geared towards alleviating the analyst's problems, rather than towards resolving those of the patient." The use of such technique fulfills the needs of the analyst, but does little to further the cause of the patient's analysis. The reviewer's last words are a gem in dialectics: such interventions as Greenson suggests are rationalizations and technical errors, "elevated to the level of a new and rather dangerous dogma."

It reminds me of the old nursery rhyme"

"Mirror, mirror on the wall

Who is the most dogmatic of us all?"

BOOK NOTICE

Anybody who has missed the essays by Janet Malcolm in The New Yorker on psychoanalytic training, which Martin Grotjahn reviewed in the fall issue of the Bulletin may now read this remarkable work in book form: Janet Malcolm, Psychoanalysis: The Impossible Profession, New York: Knopf, 1981. The book is excellently reviewed by Jean Strause in Newsweek, Sept. 21, 1981. Time Magazine has a mediocre review, but an excellent photograph. Janet looks alert, intelligent, investigative, curious, courageous, just waiting for the man thinking he is superior to woman, and ready to torpedo him.

M.G.

A REVIEW ESSAY BY PETER LOEWENBERG, PH.D.

David E. Stannard, Shrinking History: On Freud and the Failure of Psychohistory. Oxford University Press.

A critical review of a new historical method could have considerable value as a prod to its adherents, and an assessment and evaluation for the profession. Unhappily, this book has no such merit. Nor does it have the redeeming virtue of being wrong-headed yet posing valuable questions. It is derivative, redundant, concretely literal, and intellectually perverse. Stannard presumes to forever dispose of the idea of applying psychoanalytic knowledge to historical research. He pursues that enterprise with the ardor of a prep school debater and the stance of a prosecuting attorney to the detriment of clarity or serious comprehension. He seeks to dismiss psychoanalysis as a theory as well as a therapy, and thereby to discredit its application to history and culture. To do this the author relies on all the old bromides and arguments of clinical efficacy, logical circularity and reductionism.

Stannard sets up a series of straw men, beginning with Freud as an Italian Renaissance scholar. He offers Freud's 1910 essay on Leonardo da Vinci as "a sample of the type of work done by the psychohistorian." He then hectors the piece as if it was the cardinal contemporary example of psychohistory. He relies on the factual errors and mistranslations first pointed out in a classic article by the art historian Meyer Shapiro in 1956. The difference between Shapiro and Stannard in tone and respect for what Freud was doing is striking. Stannard find that

Freud's reconstruction of Leonardo's early childhood must be discarded as historically worthless and clinically not much better.

By contrast, Shapiro's modulated evaluation is that Freud's

false conclusions do not imply that psychoanalytic theory is wrong; the book on Leonardo, a brilliant *jeu d'esprit*, is no real test of this theory, which here has been faultily applied. Just as a theory of physics would not be disproved by an experiment with incomplete or incorrectly recorded

data, so Freud's general account of psychological development and the unconscious process is untouched by the possible misapplications to Leonardo.

Indeed, the clinical theory Freud invented and illustrated in his essay on Leonardo, which traces the aetiology of homosexuality to the early object relationship of the boy with his mother, is most modern.

Stannard faults Freud as though he should have met the canons of a contemporary scholar of Russian literature for his pieces on Dostoyevski, a Shakespeare scholar for his interpretations of Lady Macbeth, Hamlet, Richard III, and King Lear, an Egyptologist when he wrote about Ikhnaton, and a Renaissance scholar in his pieces on Leonardo da Vinci and Michaelangelo. Freud was, of course, none of these and his essays should not be so judged. He was a clinician who addressed problems of culture and used unique human material from himself and his patients. His Dostoyevski is an essay about the psychodynamics of gambling, not a disquisition on Russian literature. The piece on Lady Macbeth is a brilliant exploration of the corrosive psychological workings of guilt. And the essay on da Vinci exposes the aetiology of homosexuality as Freud conceived it. The essay is not a biography of Leonardo nor was Freud a Renaissance scholar.

Freud used cultural artifacts as strategy of presentation of insights derived from his couch. Not Egypt nor the Italian Renaissance, but his consultation room, was the forum where he saw the vicissitudes of the unconscious at work and it is these dramas of creativity, neurotic conflict, impulse and inhibition which he chose to treat in a cultural context because the evidence would be available to all who could read. Thus Freud, ever the able rhetorician, short circuited the objection of the unreliability of case reports for which there can be no controls or replicability. No one knows what went on in Freud's consultation room nor in that of any other analyst. And thus it must remain for reasons of confidentiality and because the presence of an observer influences the transaction. In order to parry this thrust of critics and to make a general case to the world, from what he had mastered clinically Freud drew on the resources of the culture at large, on cases such as Henrik Ibsen's Rebecca West who plotted, planned, triumphed and destroyed herself, cases which any literate person could follow, identify with and themselves put to the tests of insight and credibility. This

is what Freud was doing in his non-clinical writings and for this Stannard violently reproaches him.

The carping quality of Stannard's attack is represented when he flaws Freud for reporting his therapeutic failures. To Stannard this "hardly inspires confidence." A less vituperative critic might see the pedagogic virtue of exposing and examining clinical errors in technique. Therapeutic "success" are readily reported and are in many ways didactically less valuable than therapeutic failures because of the numerous variables that go into the recovery of emotional health. Failures are more interesting, revealing, and rare in the literature. It is from the errors that we learn. It was an indication of Freud's stature and courage that he used his mistakes to teach and adapted his theory accordingly -- a point which escapes Stannard. Freud was able to write a famous postscript to the "Dora" case (1901) in which he discussed his faults of technique, his omissions and errors, above all his failures to see and interpret the central role of the transference, which he was then in the process of discovering. He writes of his perplexity, of what he ought to have done, and what he has learned. For this reason these cases are today carefully studied by those who wish to learn clinical technique in every psychoanalytic training institute in the world.

Another of Stannard's straw men is that the psychoanalysis imposes on the world a highly structured, abstract, present-biased system rather than initiating analysis from within the cultural confines of the world being studied. Stannard writes as though he had personally discovered historical relativism. He reminds us of "the influence of a perceiver's cultural history on his or her perceptions," without acknowledging that this, of course, is precisely the essence of psychoanalytic work. No other humanistic discipline or mode of therapy is so intensely concerned with the nuances of two person's differences of perception of each other and of themselves. What more empathic, humanistic, unique, and individualized modality is there in the therapeutic marketplace today? Whether or not psychoanalysis meets the criteria of a "hard" science is of little moment. It has many of the attributes of the arts and humanities. The question is can it contribute to an understanding of the richness, complexity, and ambiguity of the past.

The nature of historical research involves a regression by the scholar akin to the experience of analyst and analysand. The historian immerses himself in the materials of his subject be they correspondence, diaries, notebooks, memoranda, or state papers. He comes to "know" his subject as he observes day by day decision making, conflict escalation or resolution, dealing with allies and antagonists. This is what Dilthey termed "Einfühlen" and his Anglo-Saxon prophet R.G. Collingwood called "getting into the mind of the past." These empathic skills of identification are what historians, knowingly or unknowingly, daily use in their work, and they constitute the art of history. These empathic arts may be refined and conceptualized by the clinical arts of meeting the life problems that people face and their adaptations to them. Each confrontation with the self and the external world is also a meeting with the individual and social past, including its adjustments, aberrations, and legacies of trauma, fear, failure, and success.

Stannard thinks Freud adheres to a Cartesian mind-body dualism. Another, more accurate way of understanding Freud is to acknowledge that he closed the breach between psyche and soma which has existed since Plato. If Stannard were not so determined to depreciate Freud, he would appreciate that, rather than creating "a mind-body dichotomy," psychoanalysis has integrated more closely than ever the world of body and soul. No longer can we see "spirit" as higher and "matter" as lower. Freud demonstrated in theory and practice the fine nuances of the interrelationship of mental and physical states. These mutual influences have been conceptualized, explored, and delineated by Freud and his successor psychoanalysts so that now historians may ask new questions about the co-incidences in breakdowns in health and turns of fortunes they see in political figures and groups they study. Leon Trotsky self-assuredly wrote:

One can foresee a revolution or a war, but it is impossible to foresee the consequences of an autumn shooting-trip for wild ducks.

Today's historian may well be more modest than Trotsky in predicting the onset of revolutions or wars, but bring greater insight and

precision to bear on the cross influence of an ambivalent struggle for leadership and physical collapse such as Trotsky suffered when he was engaged in an intense conflict with Stalin for Lenin's mantle.

Much in Stannard's argument is thin and superficial. For example, he accepts Edwin Weinstein's "diagnosis" of President Woodrow Wilson's neurological illness without question, although it is a non-clinical diagnosis questioned by other medical experts and Weinstein himself has altered his opinion on what troubled Wilson. In 1970 he "diagnosed" a "cerebral vascular occlusion," i.e.: a stroke. In 1978 Weinstein and co-authors decided it was not a stroke at all but influenza and "probably a virus encephalopathy." Yet it is typical of Stannard's haughty tone that he inquisitorially uses such evidence to dismiss Alexander and Juliette George's impressive case that Wilson's childhood conditioned his character. I am reminded of Elizabeth Wirth Marvick, who when she was told that psychoanalysis is fine as personal therapy, but has no proper application to historical personality, replied, "No, it is exactly the contrary -- the theory explains so much so well, it is the therapy that leaves unresolved problems."

Stannard's alternative to psychoanalysis as a paradigm for historians is experimental psychology, which has many acknowledged virtues and limitations. More exists in the human spirit, mind, and heart than can be quantified, including wide and complex ranges and nuances of feeling, emotion and sensation. Has anyone yet determined objective measures for the intensity of such basic human life as boredom, longing, grief, abandonment, forlornness, mourning, passion, love, envy, jealousy, rage, anger or hatred? These are the province of the psychoanalyst which Freud and his followers have explored and attempted to understand more deeply, systematically, and precisely than ever before. Therefore the psychoanalytical mode has been the model of choice for many historians who would deal with the stuff of human feelings in the past. Stannard's argument that psychoanalytic logic is circular is unconvincing because if new evidence comes to light or can be marshalled by repeated moves from data to theory and back, or old data is now viewed in a new configuration, than an advance in understanding has taken place and the task of historical analysis has moved forward.

Stannard presumes to tell us that psychoanalysis ignores historical and cultural context. He obscures that psychoanalysis is profoundly contextual -- that the clinical enterprise of analyst and analysand together exploring the latter's emotional, historical, social, and cultural ambiance and its multiple meanings is the heart of the psychoanalytic process, just as the processes of empathy and identification with the context of the historical person, movement, or event is the heart of the historian's work. For this alone the historian should be open to what the clinical arts can contribute to the comprehension of human affairs. If he has an open mind he will learn of many things that Stannard is closed to.

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