



# BULLETIN

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## CONTENTS

IN MEMORIAM: GERALD GOODSTONE.....	2
Philip L. Becker	
EDITOR'S NOTEBOOK.....	3
J. Moussaieff Masson and T.C. Masson—The Real World and the World of Feelings .....	4
John Hochman—Psychiatry and Homo Sovieticus .....	8
SCIENTIFIC MEETINGS	
Roman Anshin—Creativity and Middle Age.....	10
Reported by Philip Alexander	
Humberto Nagera—Obsessional Neuroses.....	12
Reported by Terrence Taylor	
Albert J. Solnit—Adolescence .....	13
Reported by Marshall S. Cherkas	
Jerome S. Silverman—Unresolved and Controversial Issues in the Post Graduate Life of the Analyst .....	14
Reported by David Markel	
INSTITUTE NEWS.....	14
Extension, Clinic	
SOCIETY NEWS .....	15
BOOK REVIEWS.....	17
Arthur Malin—A Review Essay	
LIBRARY .....	26
Lena Pincus	

**BULLETIN STAFF**

Editor: S.L. Pomer, M.D.  
10444 Santa Monica Bl.  
Los Angeles, CA 90025

Scientific Reporters: Philip Alexander, M.D.  
Roman Anshin, M.D.  
Doryann Lebe, M.D.  
David Markel, M.D.  
Terrence Taylor, M.D.

Feature Reporters: Mal Braverman, M.D.  
Jeffrey Drezner, M.D.  
Martin Grotjahn, M.D.  
Robert J. Sokol, M.D.

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**GERALD GOODSTONE, M.D.  
1910-1979**

It is with great honor and deep sadness that I receive this plaque in Gerald's behalf\*. As you all know Gerald passed away Saturday, May 19, 1979. You might like to know that he did receive the letter from Dr. Jeffrey Drezner informing him that he was the recipient of the award for the outstanding teacher of the year. There was a small ceremony in his hospital room. His internist, Dr. Marshall Friedman, read the letter to him, while his brother, Arthur and sister-in-law Rita and his dear friend Sally applauded and congratulated him for us all. He smiled and I am sure was very pleased.

Gerald had a wide scope of interests and apparently he excelled in most of them. During his high school and college years in the province of Quebec, he became an outstanding athlete -- winning many competitions in cross country, long distance races, and the high jump. He always retained his fascination for sports. At an early age he showed talent as an artist and developed into a very competent watercolorist. He personally knew and studied with some of Canada's fine artists. He started to collect art including many of the decorative arts with discriminating taste. He particularly sought Canadian and Russian paintings, Chinese and Japanese porcelains, cloisonnes, oriental screens and carpets. Periodically he would pick up for fun at an auction (and he loved going to art auctions) a very far-out mechanical object that had no artistic merit whatsoever, but which he enjoyed and was amused by. His collection of art is both very beautiful and whimsical.

Of course, one of his main interests was the Institute. He served our profession with a healthy incisive questioning attitude, and with wit. When I visited him last, as usual, the first question he asked me was what was the latest news of the Institute, what the members and the clinical associates were doing, and what about all the new programs. I am sure as a teacher Gerald must have been stimulating, bright, colorful, and certainly talented. He was all these things as a friend. He was a realist and a no-nonsense man who distained sham and dishonesty in any form. Gerald was a unique man and he will be sorrowfully missed.

Again I wish to thank you for your good judgment in honoring Gerald with this fine award.

Philip L. Becker, M.D.

\*Remarks delivered by Dr. Becker in accepting Dr. Goodstone's award as Outstanding Teacher for 1978-79, at the Clinical Associate/Faculty Dinner on May 24, 1979.

# EDITOR'S NOTEBOOK

## IN PRAISE OF MARIE H. BRIEHL

On the evening of April 27, 1979 over 150 colleagues, students, family members and friends attended the Institute/Society Testamonal Dinner honoring Marie H. Briebl for her lifetime commitment to child psychoanalysis. The evening included affectionate recollections of her training under Anna Freud, her pioneering efforts in the analytic circles of New York and Los Angeles and her central role in setting up our child analysis program. Telegrams and letters of congratulations were read; several speakers told of their indebtedness to this remarkable woman. Perhaps the highlight of the presentations was her husband Walter Briebl's remembrances of their early years together.

Mrs. Briebl's response to these accolades was a graceful acknowledgment and a rededication to achieving emotional health for all children. Proceeds of the event plus individual donations went to establishing the Marie H. Briebl Fellowship Fund for Child Analysis.

## PROCEDURAL CHANGE

In furthering our goal of moving the Bulletin in a more scholarly direction, we have taken steps toward becoming a refereed journal. To this end an editorial board of members, who have shown interest in the Bulletin and who are recognized contributors to psychoanalysis, have begun to review submitted manuscripts. Such a procedure will, we hope, attract papers of scientific merit and also provide the authors with suitable recognition.

The publications of "The Real World and the World of Feelings: Some Observations on Affect Theory" by J. Moussaieff Masson and T.C. Masson inaugurates the above-stated aim. J.M.M. is visiting Professor of Sanskrit, Department of South and Southeast Asian Studies, University of California, Berkeley. He did his analytic training in Toronto, Canada, and is a member of the International Psychoanalytic Association. T.C.M. studied philosophy of science with particular reference to psychoanalysis at the University of Toronto. For many years she was producer/director with CBC Television in Canada.

## INSTITUTE REPRESENTATIVES MEETING \*

Does the interest of research clinical associates change during training with a tendency to veer toward that of a clinician? Do career changes occur for this group because of identification with their training analyst as well as with fellow medical associates? Is such a change counter to the reasons research candidates are trained in the first place? How much has the group contributed to the literature? In their own field? In the analytic field?

These questions and many more were posed in a preliminary manner by twenty-seven Institute Representatives at a Workshop held during the American Psychoanalytic Association meetings last Fall in New York City.

Herbert Schlesinger, Ph.D., Chairman of the Committee on Research of the American (CORST) informed the representatives of results of a survey taken by his committee. Dr. Schlesinger stated that answers to questions such as those mentioned above are not yet available to CORST. The research program of the American has existed for twenty years and during that time seventeen out of twenty-six institutes have applied to CORST for waivers. A questionnaire consisting of seven questions was sent to the seventeen institutes who had applied for waivers. They were (1) Do they train research candidates the same way as they train other candidates? (2) What happens to graduates who are research candidates? (3) Was training effective for the candidate? (4) Are the research candidates now in training likely to graduate? (5) Is there a benefit the research candidate brings to the rest of his classmates? (6) How much interest is there in research in the institute? and (7) Is some special work offered some of the researchers? While answers from the twelve responding institutes were uninformative, some generalizations may be gathered. The survey indicated that most research associates are "happy". Most keep up their affiliation with the institute after graduation. Most are considered an asset to their institutes. The leavening effect of scholars from other fields is considered helpful.

Stressing that there is no organized body of data yet, CORST is going to examine research candidates that have graduated and determine how they have fared. CORST plans to especially explore our research training program.

(Continued on page 9)

THE REAL WORLD AND THE WORLD OF FEELINGS:  
SOME OBSERVATIONS ON AFFECT THEORY

J. Moussaieff Masson  
T.C. Masson

The psychoanalytic literature on affects is somewhat disappointing. Glover, in 1938, began his article on affects by noting: "As time goes on it becomes clearer that the recent fallow period in the development of psycho-analysis is due to a comparative neglect of the problem of affect." In a similar vein, Fenichel writing in 1941, stated "affects and emotions are but rarely discussed in psycho-analytic literature." It is true that there have been studies of affect theory in general (Blau, 1955; Brenner, 1974a; 1974b; 1974c; 1975; Brierley, 1937; Greenson, 1954; Jacobsen, 1953; 1957; Kaywin, 1960; Landauer, 1938; Lewin, 1965; Löfgren, 1968; Novey, 1959; 1961; Pulver, 1971; Rangell, 1967; 1969; Rapaport, 1953; Schafer, 1964; Schur, 1969; Spierling, 1948; Waelder, 1967; Weinshel, 1970; Weiss, 1942 and Zilboorg, 1933). There have also been studies of individual affects (Alexander, 1960; 1968; 1969; 1972; 1973; Arlow, 1957; Brenman, 1952; Deutsch, 1937; Fenichel, 1934; Geachan, 1968; Greenson, 1949; 1953; 1962; Jones, 1929; Rangell, 1954; Rapaport, 1959; Schmideberg, 1946), where those on anxiety occupy a special place (Benjamin, 1961; Brenner, 1953; Oberndorf, 1950; Peto, 1967; Rangell, 1968; Schur, 1953 and Spitz, 1950). Mania and depression have been dealt with in greater detail (Abraham, 1911; Beres, 1966; Blank, 1954; Garma, 1968; Jacobson, 1971; Levitan, 1968; Lewin, 1932; 1937; 1941; 1959; 1961; 1950; Niederland, 1971; Pao, 1971; Rado, 1928; Scott, 1964 and Bibring, 1953). Yet it seems evident that if the theory of affects should occupy as central a role in psychoanalytic thinking as it does in Freud, the secondary literature has not borne this out.

From their prominent role in Freud's early work (cf. the "Strangulated affects" of the Studies on Hysteria, 1958) right through to the final works, affects have shared, with memories (whose theoretical importance is evidenced in publications, from the early Screen Memories, 1899, to Constructions in Analysis, 1937) an important place in psychoanalytic theory. In part this must surely be because we can conceive of the goal of analysis to be the same as that which Kafka assigned to poetry, "to free the seas frozen within us." Some parts of this literature have been more successful than other parts of it. There are, obviously, affects (e.g. guilt) that lend themselves to metapsychological explanation more easily than others.

Explosive, sudden affects, for example, rage, panic, fear, are easier to describe, and often easier to interpret than a longer-lasting mood. And, chronic mood states which discharge themselves silently are especially difficult to "explain": sadness, loneliness, nostalgia. It is true that the many studies on depression (besides those mentioned earlier, see too Benedek, 1956; Bowlby, 1960; Brierly, 1941; Engel, 1961; Feigenbaum, 1926; Joffe, 1975; Klein, 1934; Mahler, 1961; Rapaport, 1959; Rie, 1966; Rubenfine, 1968; Sandler & Joffe, 1965; Schmale, 1964; Spierling, 1959; Spitz, 1946; Wolfenstein, 1966; 1969) have added to our understanding of this most common of all affective states, but we are still puzzled by many features of depression. It is not clear, for example, what role is to be assigned to real losses. The psychiatric distinction between a "reactive" depression and melancholia is by no means clearly delineated. Are we to regard Freud's profound sadness at the death of his beloved grandson (Jones, Vol. 3, 1957, p. 96) as a "neurotic" reaction? Are survivors of concentration camps (Eitinger, 1964) who spend most of their time mourning their lost families and their obliterated loves to be labeled as unrealistic, morbid, ill adapted? Ernst Rappaport, who survived one of the camps, has this moving final comment:

...the regenerative powers of the ego are not limitless, the human spirit can be broken beyond repair, the damage can go 'beyond' a traumatic neurosis, a term which can sound almost like a euphemism" (1968, p. 730).

Can the psychoanalytic discovery of a relation between deep mourning and deep ambivalence (as old as the Fliess letters) become more than a formula to be applied by the puzzled and tired clinician to every case of mourning he encounters?

The dominant trend in psychoanalytic theorizing on affects has been away from the careful delineation of affective states toward metapsychological theories for which we are perhaps not yet ready. Fenichel (1941, p. 216) makes the rather surprising comment that "there is no doubt that children and infantile personalities are more 'emotionally labile,' adult persons with a so-called strong ego more 'stable'." He goes on to say (p. 217) that "it is obvious that the normal adult does not lack emotions. But he does not have overwhelming emotional spells."

Rapaport, clearly inspired by this rather puzzling comment and building on later structural theorists and especially ego psychologists, speaks of inborn channels and thresholds of discharge that affects utilize. He summarizes his article (1953) as follows.

The theory of affects, the bare outlines of which seem to emerge, integrates three components: inborn affect discharge-channels and discharge thresholds of drive cathexes the use of these inborn channels as safety-valves and indicators of drive-tension, the modification of their thresholds by drives and derivative motivations prevented from drive-action, and the formation thereby of the drive-representation terms affect-charge; and the progressive 'taming' and advancing ego-control, in the course of psychic structure-formation, of the affects which are thereby turned off into affect-signals released by the ego. (p. 196)

He quotes the work of Bergman & Escalona (1949) to show that there are great inter-individual differences already at birth. This is not the place to attempt a critique of the research on "innate" character traits. Much work has been done in this, to us, unpsychological field, by Fries (1953), Benjamin (1958; 1961); Kanner (1943; 1949; 1952; 1973), and many others. And points of view derived from this approach have influenced many prominent psychoanalysts as we can see in Kris (1962) and in the work of Margaret Mahler, to name only two. The issues are not unrelated to those of predictive studies in psychoanalysis (Benjamin, 1950; 1952; 1959), Escalona & Heider (1959) and even more so to twin studies (Kallmann, 1953; Shiled, 1962; Gottesman & Shields, 1972). (There have been some good critiques, e.g. Jackson, 1960 and an early paper of R.D. Laing, printed only now, Evans, 1976 - see too Brody, 1956; 1958. For a revealing anecdote concerning Jung showing Freud's negative attitude toward the possibility of prediction, see Waelder, 1963, p. 36). We would like only to point out the extreme psychological naiveté of the twin studies whose case histories are, without exception, entirely worthless from the point of view of psychoanalytic theory and research. Shield (1962, p. 200) gives a "climbing" case to show the absolute importance of genetics (using such terminology as "introversion," "extroversion," and "neuroticism"). He describes the lives of twins about as far apart in character as any two people can be, about whom he writes: "Similarities are thus about as great as they could be." Unfortunately, the same basic lack of psychological depth is apparent in the so-called psychoanalytic studies.

Bergman & Escalona's article has attained a certain fame, and is often quoted as if it had proved beyond any doubt the importance of constitutional characteristics. Yet these authors do not take into account the more likely possibility that these unusual sensitivities (which they so sketchily trace) may be psychologically determined. They tell us that protection - against what they never really state - is acquired in one of two ways: 1) Precocious ego development (an idea derived from Freud), and 2) Maternal protection. But they do not indicate anything further about the second. In what ways did the mothers of the children they report about fail to provide protection? Much more important, however, is the fact that they do not ask: In what ways might these mothers have determined the unusual sensitivities in their children? These sensitivities could well serve as a) Protection against over-stimulation (or under-stimulation) or even, b) as a disguised (symbolic) representation of it. The sensitivities might be the only protest these children have at their disposal. It is not impossible that the children are in fact reacting to unconscious needs of the parents. The authors provide no information at all about the parents, as if the children lived in a sealed off, air-tight compartment, a wild hothouse where such pathological sensory extremities were only to be expected. How can psychological insight be achieved on the basis of the kinds of case histories that one reads in this literature? What, for example, is one to think of Fries' description (1953, p. 51):

Having read that it was bad to thwart a growing child, this mother allowed the healthy active boy to run each day in the park but this required her following him, so he would not get into trouble. She was exhausted by 4 P.M. Then she would get easily irritated so that, against her own desires, she would spank him for the slightest thing. She was at her wits' end, because she wanted to be a 'good mother.'

A quite different and squarely psychoanalytic approach to these problems suggests itself if we consider, for example, Freud's cortical theory of the ego. Might it not be that the ego in fact develops entirely as a defensive structure? Too much stimulation easily breaks it down. This seems evident for adults (as in the passage quoted from Ernst Rappaport) and is fortiori true for infants.

Affects belong in the classical tradition of psychoanalysis, where the genetic point of view, and the economic point of view reign supreme. The adaptive point of view (Hartmann,

1939), it would seem, has not been productive. This is true, perhaps, because affects develop in real situations and thus are a part and parcel of our memories. Thus the theory of affects must be considered within the topographical model. Rapaport (p. 195) stresses the "singular" importance of the adaptive aspect of affect formation, paying tribute to Hartmann. But surely this attitude, it seems to us, is incompatible with Freud's theoretical formulations. Freud always stressed that we would learn little about autonomous functions of the ego from psychoanalysis, and even when he felt obliged to clarify the earlier topographic model with the structural model, he did so primarily because of unconscious conflict in the sphere of the ego. It was the defensive, pathological split in the ego that interested Freud, not its "synthetic function." (Freud's charming response to this paper of Nunberg's, given at a meeting of the Vienna Psychoanalytic Society, as reported by Sachs, 1944, p. 168, seems benevolently sceptical.)

Paradoxically, perhaps the greatest potential for further research lies in an area that Freud discovered and then disclaimed - the notion of unconscious affects. Freud's objections in The Ego and the Id to this terminology is well known. But surely it is only a question of terminology, for Schur points out (1969, p. 648) that for Freud "his recognition that 'unconscious' is a quality and not a system, had led him also to the acceptance of the concept of unconscious affects, specifically of guilt." (Cf. Pulver, 1971) Fenichel (1941, p. 221) clarifies this idea when he notes that "there are unconscious 'dispositions toward affects,' unconscious 'longing for affects,' strivings toward the development of affects, which are held in check by opposing forces which hinder the development of affects." (Cf. Fenichel, 1945, p. 311)

We certainly know a great deal about the unconscious affects associated with feelings of displeasure (unconscious hostility is a commonplace today). Greenson in his paper on enthusiasm speaks of the dim memory of past unhappiness in an enthusiastic character: "He claimed to be the favorite, and he spent his whole life as though he were confirming this." In several articles Greenson stresses the importance of masked depressions. Weiss (1959) also notes the important relation between intensity and boredom. But we know a great deal less about the reverse of this mechanism: there seems to be something doubly paradoxical (beyond the one mentioned by Freud that a feeling is by definition conscious) in the notion of unconscious pleasure. Is it possible to "interpret" a surface misery as a latent and deeply buried feeling of joy.

In the Acropolis paper, Freud's discussion of the depression at Trieste indicates that he thought of that aimless sadness as a defense against the feelings of oedipal triumph which were unconscious. In The Psychogenesis of a Case of Homosexuality in a Woman (1920, S.E., 18, p. 167) Freud noted that

...we come across men who have passed through casual love-affairs and realize only from the subsequent effects that they had been passionately in love with the person whom they had apparently regarded lightly...it would seem that the information received by our consciousness about our erotic life is especially liable to be incomplete, full of gaps, or falsified.

Buried sexual feelings are, of course, evident in all neurotic activities. We can often see an ascetic's apparent disgust with the world (or his body) masking a much earlier sexualized relationship. What links both cases is the relation of muted feelings, submerged moods, to buried memories.

Freud's search for a denied ur-deed (an aspect of which was justly criticized by Jones, Schur and others) is an importance Freud attributed to this relation. His preoccupation with it began early (with the seduction theory) informed Totem and Taboo, and finally surfaced in Moses and Monotheism, and in the beautiful passage from Construction in Analysis (Freud, 1937, p. 169):

If we consider mankind as a whole and substitute it for the single human individual, we discover that it too has developed delusions which are inaccessible to logical criticism and which contradict reality. If, in spite of this, they are able to exert an extraordinary power over men, investigation leads us to the same explanation as in the case of the single individual. They owe their power to the element of historical truth which they have brought up from the repression of the forgotten and primeval past.

It seems to us that this quest, though leading to dubious conclusions in some of its manifestations, was nevertheless in the direction of Freud's earliest and most important convictions, namely, that things really do happen

to a child, early in his life, and that it is often the work of a lifetime search to discover what it was that happened. (Freud's self-analysis, as the Acropolis paper indicates, continued to the end of his life.) The seduction theory, which, contrary to popular opinion, we do not believe Freud ever truly abandoned in toto (Masson, 1976) may have been too specific (that is, it may have been neither a necessary nor a sufficient causal agency - frequent as seduction may be), but the search for traumas - refined as these might become in later theory - was a necessary corollary of Freud's fundamental discoveries. And with Fliess (1973, p. 212) we do not believe that fantasies per se can be pathogenic.

This emphasis on what actually happened perhaps also helps to explain Freud's concern with vision, a concern which Arlow discusses (1970, p. 48) in terms of how Freud was preoccupied with the visual aspect of dreams and of the neuroses:

In the case of the former, he was concerned with the problem of why the sleeptime hallucinations which we call dreams are almost exclusively visual in nature. In the case of the neuroses, he was impressed by the aetiological significance of memories, and fantasies and of the vivid visual form in which they were recalled.

Valery said (Jackson, 1966, p. 264): "L'homme vit et se meut dans qu'il voit; mais il ne voit que ce qu'il songe." To remember with great accuracy a scene is often a way of forgetting the feelings attached to the vision. This may be why there are so many visual screen memories: a mnemonic photograph serves very well as a defence. This is not, of course, to deny the defensive use to which affective memories can be put as well (they can be reversed, belittled, or over exaggerated). However, though affects are more likely to point to a real event, vision is our ultimate test of the reality of something. Freud stressed seeing, because seeing is believing. There is, in The Interpretation of Dreams, some evidence that a repetitive dream points to a real event. Greenacre and others make a similar point. (See also Greenacre's paper on screen memories, 1949, and her comments on the peripheral luminosity so often noted in screen memories, 1947; 1950.)

But what is involved here is not only the reverberations behind circumscribed "significant" psychic events such as repetitive dreams or screen memories, but whole tone of our lives. Arlow has made the point that

unconscious percepts and unconscious fantasies affect our moods much more deeply than is generally recognized. But, of course, all unconscious attributions to our mental life are, in a continuous manner, bound up with unconscious memories, and their cathexes must become bound to those of the memories; it is in this combined fashion pressing for discharge, that they exercise their important influence on our lives. Thus, the nature of our psychic organization is such that our most trivial feelings (as well, of course, as deeper moods) are determined by lost memories: what we do not remember affects us more deeply than what we do remember.

This may be a partial explanation of the tremendous affects released in a dream whose manifest content is apparently neutral (a related point is made by Freud in The Interpretation of Dreams, S.E. 5 p. 467). It is not only vision but our hearing as well, which plays an important role here, as Knapp noted (1953, p. 687) when he said: "...in sleep we are genuinely blind but only hysterically deaf." Kubie (1953, p. 69) notes:

It is indeed difficult for me to understand how any analyst who has analyzed the dream-like overtones of the most mundane events of everyday life can entertain the idea that 'unconscious symbols' are anything other than one pole of a continuous spectrum, or that they fail to play a role in the very least of our daily thoughts, feelings and actions.

We emphasize real events and memories of real external events as well as their internal accompaniments because we feel that it is perhaps because of the abandonment of such external reality that the Kleinian emphasis on the primacy of very early experiences has not been more productive. Mrs. Klein's case histories illustrate this point: we find them distressingly uniform and devoid of the rich uniqueness of real experience (Cf. Glover, 1945; Waelder, 1937). So faded has external reality become that we begin to lose touch with a real world, where real things happen to a child.

## PSYCHIATRY AND HOMO SOVIETICUS

John Hochman, M.D.

Review of the article: "Diagnosing Soviet Dissidents" by Walter Reich, M.D., Harpers, August, 1978.

This is one of the best essays I have ever seen on the subject of Soviet Psychiatry. Although written by a psychiatrist, it has not appeared in a professional journal. Since this is a subject of interest to many psychiatrists, I would like to pass along some of the major points of the essay. Dr. Reich is an analyst affiliated with a Washington School. He appeared in the 1977 APA Panel (which also featured Vladimir Bukovsky, and is available on cassette through SKNF), and has published a detailed account of the problem in Commentary.

Reich says, from the beginning, that he believes that dissidents have been deliberately misdiagnosed; however, the situation is not so simple. Consider that in spite of the continuing bad publicity it generates, the Soviets continue to send their dissidents through the psychiatric system, even though as the Scharansky trial showed, there is ample availability of "kangaroo courts" in the legal system.

How many dissidents are in psychiatric hospitals? Estimates range between 200 and 10,000. What is clear is that most have not been diagnosed by the notorious handful of Moscow psychiatrists who have been implicated in recent exposés, but by many unknown psychiatrists in the Provinces. We are dealing, in these more obscure cases, with a variety of diagnosticians, with an even greater variety of diagnosees, and with an unexplored catalog of unknowns.

In some cases the KGB may have had genuine doubts about the dissident's mental health. In a very small number of cases these doubts may have been justified. One dissident who was released to the West promptly developed delusions that he was being poisoned by the CIA and Henry Kissinger. This is an exceptional case, where there would be little international disagreement about diagnosis.

It must be realized that the dissident diagnoses are consistent with the Soviet approach to mental illness. The "Commisar" of psychiatry, Andrei V. Snezhnevsky, has had tremendous influence on the thinking of all Soviet psychiatrists by gaining control of major academic bases, the Central Psychiatric Research Institute, and the only journal published by that Institute. His system of schizophrenic classification has become the standard for all psychiatric patients in the Soviet Union -- not only dissidents. His three categories of schizophrenia are "continuous," "periodic," and "shift-like" (a

combination of the previous two). The two progressive forms, continuous and shift-like, are further classified as to whether they are mild, moderate or severe. Some of the characteristics which are consistent with the diagnosis of mild "sluggish" subtype of the continuous form, include conflicts with authority figures and "reformerism," the stubborn penchant to reform society. Since the Soviets consider all the schizophrenias to be genetic, the diagnosis is permanently attached to the individual once it is made. Any socially unwelcome behavior the individual shows from that time on is attributed to his genetic illness.

He will then become a psychiatric case should he get into trouble. The qualities that make dissent possible -- intensity, attention to detail, social maladjustment, and the desire to change society -- have become all marks of schizophrenia.

Reich sees Snezhnevsky, not as a scheming and diabolical Rasputin, but as an example of a success story in the USSR.

He was capable of surviving shifts and feints of theory and power and of coming out on top while others less skilled than he in organizational maneuvering or in sensing the most advantageous political and ideological loyalties -- less skilled than he or more principled -- lost prominence or found themselves denounced, perjured or worse.

The free market place of ideas that is taken for granted by Western psychiatrists, where we have a multitude of professors, institutes, journals and societies, is unheard of in the Soviet Union. We have no "man at the top" as there is in Moscow.

Although Reich attributes a significant amount of cynicism and opportunism to Snezhnevsky, he thinks that this Russian psychiatrist basically believes that his work is scientific. Because of his immense prestige in the Soviet Union, many psychiatrists are very accepting of his ideas, particularly those who are less sophisticated and hold less academic status.

At this point, Reich introduces an intelligent and unapologetic discussion of psychiatry's potential weak points and the corruptior that can spring forth from them. He sees this as having reached the purest culture known today by means of its nourishment from the Society system.

Psychiatrists are people. Their professional training builds on what they learn and experience as ordinary men and women. Training does not remove their biases. In



some ways in fact, it tends to strengthen them.

In the Soviet Union any sort of unusual behavior raises the suspicion of mental illness earlier than it would in another society. Many Soviet citizens have made their peace with an oppressive system and have devoted themselves to making whatever living they can without making waves. An individual who has thus resigned himself to his fate will have his equilibrium threatened if there is a dissident nearby.

It is easier and more comforting to see the dissident as mentally ill, and when that diagnosis is forthcoming, it is a relief to everyone -- including the psychiatrists themselves who are no less conventional than their lay comrades.

The cynicism and personal surrender produced by Soviet society cannot be underestimated.

Psychiatrists like others schooled in Soviet life, know how to juggle feelings and words so that they can act basically and still feel good, even virtuous and, finally, when political pressure increases, when the KGB's authority is exercised, and when avoiding the call for hospitalization is no longer possible, corruption takes over the structure of professional existence. How could psychiatry fail to succumb? In that immensely bureaucratized and ultimately value free society, the classical oaths and verities give way entirely when the anonymous muscle of authority is flexed, except in rare cases, fear and the need to survive guarantee this.

It is therefore not so simple, that it all can be explained because people are "just following orders," it is more frightening that a political culture could arise in which orders do not have to be given because no one has to be told, in which people, psychiatrists included, act to satisfy expectations they are not sure exist. And it is more damning that a culture can distort the way people, psychiatrists included, see one another, so that courage is perceived as madness and deviance as disease.

(Editor's Notebook continued from page 3)

In the discussion, representatives of the Institutes which have many levels of partial training available told of their difficulties in customizing the program to fit the individual needs of applicants. They may have students enrolled as guests, auditors, partial trainees, etc., for whom no waiver will be sought. Not surprisingly, feelings of second class citizenship have been reported. The requirements of research associates for clinical experience are handled differently by the various institutes, and includes, for example, special tutorials and monitored participation in the admitting room of an acute psychiatric hospital as well as psychiatric clinics. In sum, all agreed that cross fertilization with scholars in the humanities has proven to be helpful to psychoanalysis, as has the interest in psychoanalysis generated by cadres of research trainees now present in local colleges and universities.

\*From personal notes and Minutes of Workshop for Institute Representatives, December 14, 1978, New York.

# SCIENTIFIC MEETINGS

AMERICAN ACADEMY OF PSYCHOANALYSIS MEETING  
December 2, 1978

## CREATIVITY AND MIDDLE AGE

Roman Anshin, M.D.

After a low key humorous introduction, Dr. Roman Anshin presented his paper. It was a broadly viewing, penetrating work that dealt with many phases of creativity. The article particularly looked at the psychological concepts of the roots of creativity, the relationship of creativity and age, and gave fascinating historical and clinical examples in regard to the spurs and obstacles to the growth of creative productivity. Roman astutely announced that he would avoid a reductionist theoretical recipe. Instead he presented a colorful, sometimes spicy, smorgasbord of ideas.

In overviewing theories on creativity, Roman cited Freud's contribution in seeing the beginnings of art as occurring in the sublimation of unfulfilled fantasy wishes, with the consequent overlapping of the pleasure and reality principles. Freud connected creativity with oedipal conflict in the examples of da Vinci and Dostoevski. As personality theories further emerged, Kris wrote of "regression in the service of the ego" in which the ego is able to dip into primary process material which can then be unfolded and transformed. Kris described creative ideas as originating in a dynamic interplay of introjection and projection.

Greenacre wrote about creative talent, tying it to a greater responsiveness to stimulation of the senses, an ability to understand the relationships among different stimuli (=integration), and a tendency to be empathic and resonating toward other people. She also described a capacity for "collective alternates" as being related to the artist's being able to love his audience, which can replace old or contemporary love objects.

Rothenberg theorized on the presence of two kinds of thought process as being uniquely present in creative individuals: Janusian thinking (after the two headed God), in which two or more opposite ideas are thought of at the same time so that a synthesis can be produced; homospatial thinking, which entails mentally envisioning two or more specific ideas that occupy the same place, resulting in the formation of a new entity (as in the painting of an abstract, multilevel portrait).

Noy's work was summarized in terms of his describing creativity in relation to mastery with new events being integrated in order to maintain preservation of the self and of identity. Grinberg's view of the artistic person emphasized the rich fantasies, the desire for authenticity, and the faithfulness to internal images. Creative productivity is seen as a re-creation in fantasy and art of the mourned lost objects.

The factors of pain, separation and loss in inspiring creative activity were brought out in the paper with mention being made of the examples of Rembrandt's later work and Picasso's Guernica. Three authors were cited as having investigated the connection of negative affects with creative ability: Edel wrote of "tristimania," the sadness over life (weltschmerz) that has acted as a spur to expressiveness. Saul emphasized the role of hostility in some creative artists, especially Van Gogh and Hemingway. Tabachnick pointed out how artists stuck in the depths of loss may then become more imaginative.

One lively concept of art as dancing midway between inner reality (fantasy) and outer reality was correlated with Winnicott's idea of "transitional phenomena." Arieti introduced the idea of "tertiary process" as a matching of primary and secondary processes in order to emerge into a creative form. Also, Arieti explained the sociocultural influences on creativity, including the "cultural stress on becoming, not just being."

Abt and Rosner interviewed many accomplished creative people and ferreted out some recurrent personality traits: "urgency, sense of mystery, pleasure in surprise, and openness ...internal spontaneity and lack of rigidity ...." Roman emphasized Jacques' contributions of the artistic-based concept of sculpting. This term can be applied to the recognition of and dealing with death and hostility. Coping with the mid-life crisis is enhanced by the dynamic process of sculpting in which a fear, such as that of dying, is transformed into artistic form by projecting the fear into the art and reintrojecting the art object.

In regard to the relationship of creativity and age, Roman presented the work of Bean as to why some people have a decline in creativity in later life. Possible factors are: decreased sensory and physical powers, depression and anxiety from interpersonal losses; security-preoccupation and resting on the laurels of earlier achievement; giving up on the desire for recognition because of earlier failures. Particularly interesting were the findings of Wayne, who investigated the life course of productivity in a total of 738 artists, scientists and scholars. He found that, whereas the artists' productivity peaked in their 20s and 30s, the highest

productivity overall was in the 40s. He theorized that the scientists and scholars were late, but longer, bloomers because of their lengthier training and greater utilization of a gathered storehouse of knowledge.

Dr. Anshin introduced clinical material on five patients of his who had shown difficulties with creativity in the middle years. He presented a cogent outline that summarized the relationship between life events and the creativity of artists. Artists whose creative genius overcame lifelong personal difficulties such as Cezanne, Van Gogh. Artists who mastered their middle years crises, Hesse and Mann. Artists who did not master middle life crises, but whose talent was able to sculpt the tragedies into more powerful art -- Goya, Rembrandt, Bach, Beethoven, Flaubert, Ibsen and Shakespeare. Artists whose work decreased in quality in middle age, Melville, Hawthorne and Hemingway.

In his personal remarks, Roman mentioned that psychiatrists and psychoanalysts, through new projects and roles, generally maintain and enhance their creativity in middle age.

Roman's paper had been like a resonant symphony on a theme of concepts and lives. The discussant panel reverted in tones that were harmonious, innovative and sometimes dissonant. The conductor was Silvano Arieti. Crittenden Brookes spoke on general aspects of creativity and middle age. He identified a principal theme of the middle years as its being a phase of transition from a personal identity, concerned with ego identity and ego mastery, to a transpersonal identity that is more holistically identified with the universe. A pinpointing was done of the concept that absence or blockage of creativity during this time can result in psychopathology. Then he further emphasized important features of the creative person: he/she can tolerate ambiguity and paradox; loss and mourning can be a motivating force with him, showing that creativity is enhanced by struggle.

Norman Tabachnick resonated to the latter by mentioning that personal losses had impelled him into beginning a new activity. He described his own interest in method acting, with his going from recent training in it to participation in an acting-oriented group. Creativity was connected by him with the mother-image. The crucial concept of play comes into the picture: it has a role in the all-important separation and individuation of the child from the mother. Albert Schrut arrestingly subtitled his presentation, "The Squelching of Creativity - A Middle Year Syndrome." His main premise was that a risk in middle age is that of setting oneself up as a sequestered authority and building a wall around oneself against others' ideas. He cited the Virchow-Koch and the Freud-Adler relationships as examples. Leah Davidson introduced some challenging ideas: she presented her thought that the pain and poignancy of

human life leads to a salving, soaring sublimation, which is very much related to middle life creativity. Definitely the artist as a person who needs expression of his/her reactions to the world, she stated that the artist's special language is the creation of metaphors. She aroused the audience by picturing self-stimulation in the middle years as the analog of masturbation, one of the first acts of independence in the child.

Dr. Arieti opened the general discussion by posing the relevant questions of why Michelangelo and Rossini had a creativity gap for years starting at age thirty-five. This inquiry served more as a catalyst for further ideas rather than as a producer of exact answers. Roman responded to the panelists emphasizing Winnicott's and Lifiton's important contributions, and by focusing on creativity as a way of getting meaning from life.

There are three important factors associated with creativity: affect, curiosity and originality. The intensity of affect can act as an electric current that will leap over the gap of inadequacy feelings and passivity. Another way of visualizing the role of affect would be as an effervescence of emotion and thought that bubbles up within, and has to be expressed. Curiosity is complex. It certainly may stem from the child's fascination with his own body and sexual differences. Later, it may be related to his desires for separation and individuation and to his voyeurism about his primal scene. It may be thought of as the antennae of the intellect reaching out toward the mysterious depths of the personality and the world. Originality, the ability to take a new, fresh viewpoint, is a key ingredient in the life-renewing aspect of creativity. One part of originality is related to the integration of different thoughts and then synthesizing a new product. Entailed is a daring to take the risk of breaking out of an established pattern.

The latter feature is closely associated with what I consider to be a genuine conflict of middle age: the need for consolidation and security that makes for reinforcement of the repetition compulsion, versus the desire for change and for starting in new directions, which is a hallmark of creativity. Middle-aged people need to adaptively resolve this conflict. Then it will be seen that the fire that Prometheus took from the Gods has really been put to use inside of them by the humans. There is an internal, eternal flame that is an essential part of the individual's creativity --and for life thus being fuller and more worthwhile.

Philip Alexander, M.D., Reporter

SCIENTIFIC PROGRAM OF THE  
SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY  
January 1979

OBSESSIONAL NEUROSES:  
DEVELOPMENTAL PSYCHOPATHOLOGY

Humberto Nagera, M.D.

Reading a prepared paper to an assembled audience is justifiably coming under increasing criticism, and alternative formats for scientific forums are being tried. One such attempt was made at the appearance of Humberto Nagera, Professor of Psychiatry at the University of Michigan. The topic itself plus Dr. Nagera, and a distinguished panel composed of Saul Brown, Susanna Isaacs Elmhirst and Al Schrut attracted a large turnout on a very rainy night. Unfortunately, by avoiding a formal presentation, all but the panelists and a few more responsible people in the audience were left in the dark, fumbling to discover Dr. Nagera's thesis which they should have read in his book beforehand. Pre-distribution of the paper is necessary for this format to fully succeed. In spite of this difficulty, however, Dr. Nagera's lively and engaging manner was the springboard for an instructive evening where contrasting theoretical positions were articulated.

Dr. Elmhirst saw the obsessional neurotic as fixated at the anal-sadistic phase of psychosexual development, characterized by magical (i.e. psychotic) thinking and separation of affect and fact. Regression to this level of organization depends on the ego's innate ability to tolerate unpleasure as well as the intensity of the unpleasure, and a failure to achieve an identification with the good mother in the oral phase. The resolution of this phase may be the incorporation of obsessive trends into the personality as character traits (normal) or a symptomatic neurosis.

Dr. Schrut disagreed in the area of etiology and dynamics. He believes the determining factor is prolonged and intense anxiety especially during the separation-individuation phase. He understands magical thinking and rituals to be a result of infantile omnipotence combining with poor reality testing, and this cognitive organization is remobilized when and if later difficulties bring him down. Conflicts about dependence, autonomy, abandonment and power may be the core of the original struggle, in addition to the classically cited oedipal focus. High parental expectation is also a frequent finding in the etiology.

Dr. Brown took issue with Nagera's assertion that anal fixation is the core of the obsessional neurosis, character and states. Brown would pay more attention to the object relations of these children. Parental failure to perceive the child as a separate autonomous person, with related failure of empathy is central. In treatment, verbosity takes the place of communication, and recitation of obsessions supplants relating. In contrast to Nagera's view of the nuclear role of innate narcissism and gratitude as genetic factors, Brown sees hostility toward depriving parents as the crucial element.

In his response to the discussants, Dr. Nagera disclaimed having the answers to obsessional neurosis. He finds it to be extremely rare in children, as have other workers. He does see the constitutional factors of high tendency to ambivalence, doubting, and anal drives as of primary importance, leading to symptom development when combined with unfortunate environmental circumstances. Obsessive mechanisms occur in the normal course of development at about sixteen to twenty-four months, but very few become obsessional neurotics. More common outcomes of childhood obsessional organization are obsessional character traits, passive homosexuality and sadistic character. He disagreed that these children have anxiety, as it is warded off by the rituals and also rejected the idea that the magical thinking is psychotic, as the patient does not consciously believe it. A fixation to the animistic phase persists into adulthood, where there is no distinction between thought and deed. He denied attributing a central role to regression or the oedipal conflict, and agreed that hostility is a very significant factor, being diverted into the severe superego.

In rebuttal, Dr. Schrut expressed the view that the child's pathogenic hostility is in reaction to the parents' squelching of his thirst for autonomy through controlling behavior or threats of abandonment, and that the anxiety he alluded to is underlying rather than manifest. Dr. Elmhirst asserted that in their obsessing, patients are communicating their frustration by evoking it in the analyst, a projective identification.

The program closed with Dr. Nagera characterizing obsessional neurotics as fine people whose sadistic and self-destructive fantasies should not worry us as they are never acted out, and dismissed as misdiagnosed a cited instance where an obsessional neurotic acted out his sadistic fantasies vicariously by not preventing his wife from battering their child.

Terrence Taylor, M.D., Reporter

SCIENTIFIC PROGRAM OF THE  
LOS ANGELES PSYCHOANALYTIC INSTITUTE  
February 8, 1979

ADOLESCENCE: THE SEARCH FOR COMPETENCE

Albert J. Solnit, M.D.

On February 8, 1979, at the Los Angeles Psychoanalytic Institute, Dr. Albert J. Solnit presented a most pleasant and relatively non-provocative discussion of a somewhat ill-defined issue of "competence." He contrasted a quickened rate of maturation based upon health standard improvement, heightened audiovisual communication and revolutionary changes in the sexual demands with the increased moratorium of adolescence due to lengthened needs for education. Latency is even shorter, and physiological changes of puberty are shortened compared to the past.

The adolescent has four preconditions of passage to adulthood as Blos has defined in his new book The Adolescent Passage. These are the advent of a second individuation, a reworking of residual trauma, establishment of ego continuity and resolution of sexual identity.

Solnit states that there is an increased capacity for reality testing in adolescence which stands in conflict with heightened narcissism, and this balance is delicate. He further describes a pseudo conflict wherein the adolescent appears behaviorally to be in a relatively non-conflictual state. To understand the total response of the individual, however, one must have access to the inner turmoil, which he feels is clearly accessible in psychoanalytic treatment.

In order to tolerate psychoanalytic treatment and reinvolve the ego with infantile issues, "the obligatory regression," Solnit believes there must be some arena of competence which the adolescent can rely upon in order to withstand the threat of the more primitive internal regressive forces. He believes that competence may be assessed on physical, social, sexual and intellectual lines. This competence is primarily a subjective issue but is reflected in external behavior.

In order to provide clinical support for his theses, Dr. Solnit performed an interesting task of consolidating eight actual clinical cases into two composite clinical presentations: a girl, age seventeen, representing four girls he had seen and a boy, age fifteen, similarly representing four boys. Both composite representations emphasized the difficulty of the adolescent in handling the regressive impulses and further demonstrated utilization of areas of mastery to balance this.

Dr. Solnit described this search for competence as a type of asynchrony in which the structural parts (id, ego and superego) race each other but must arrive at the end simultaneously. He also reminded us of Anna Freud's concern about the superficially behaviorally adjusted adolescent who arrives at a restricted premature resolution of the adolescent struggle, and he also reminds us that competence in latency is not sufficient to resolve the matter. Psychoanalytic theory does help to provide the adolescent with an unique future as a tie to his unique past.

Dr. van Dam was handicapped by the fact that he had no prior report of the paper which he was to discuss. I felt his significant contribution was to remind us of the need of the adolescent to fully traverse the maturational path in all directions; that is, regressive and laterally, to best master the struggle. Only analysis can fully measure the progress of such a struggle. He also pointed out the needs for normative values to measure this competence.

Dr. Rubinfine challenged the thoroughness of the definition of competence as presented by Dr. Solnit. I pointed out from the floor that countertransference issues on the part of the analyst may artificially produce standards of competence thrust upon the minor and thereby inhibit or thwart analysis. Dr. Solnit agreed with both of the above discussants. He also wondered how adolescent therapists can help the adolescent make a transition to analysis feeling that it is quite difficult for the adolescent to proceed directly from therapy to analysis, particularly with the same therapist.

My individual response to Dr. Solnit is that this is a remarkably competent and broadly based physician who appears to kindly assist the adolescent in his time of travail by helping the adolescent seek and define his ego strengths. In view of our more recent comprehension of the issue of narcissism (and I personally thank Dr. Brandchaft) via Kohut, I would like to add that the analyst can help the adolescent in this transition by carefully monitoring his own narcissism and protecting the patient from countertransference abuse.

Marshall S. Cherkas, M.D., Reporter

# INSTITUTE NEWS

## EXTENSION DIVISION

SCIENTIFIC PROGRAM OF THE  
SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY  
February 19, 1979

### UNRESOLVED AND CONTROVERSIAL ISSUES IN THE POST GRADUATE PROFESSIONAL LIFE OF THE ANALYST

Jerome S. Silverman, M.D.

Jerome S. Silverman, of S.U.N.Y. Downstate reported on the remarkable success and growth of study groups in the New York area. He has been studying the phenomena for ten years in an on-going workshop of the American Psychoanalytic Association. Dr. Silverman feels that the emergence of the groups is spontaneous and motivation comes from "below;" that is, not from an authority or under the auspices of the Institutes. His formulation is that it is the attempted solution of all the external pressures and occupational hazards of practicing psychoanalysis. It is a unique place to continue analytic identifications and to wear away narcissistic residues. In fact he felt the study group helped synthesize and resolve almost all the internal needs of the analyst also, not the least being the need for warm contacts with peer colleagues; doubts about work; and identity diffusions due to the attacks on the profession. Without a therapeutic intent many things are done in the groups, such as identifying countertransferences or gaps in knowledge. The study groups in New York has also fostered creativity and have stimulated many papers.

Drs. Roman Anshin and Herbert Linden discussed the presentation. Both discussants presented a similar appraisal. They agreed with Dr. Silverman on all his observations. They did not see the issues as controversial. What they both felt was controversial was that if so many things are done in the study group and if it seems so necessary, why not provide leaderless group therapy to directly serve those purposes. They both felt there were some differences in perception of problems in different parts of the country and a problem in psychoanalysis regarding what to do with "group process." Dr. Anshin felt it would be interesting to experiment with leaderless groups as an elective prior to graduation.

Dr. Silverman presented important concepts. I was disappointed that he did not focus in on any of the areas that would have led to important discussion - for example, the possible limitations of a training analysis or the newer research observations that the transference neurosis persists in a latent form after analysis, etc.

David Markel, M.D., Reporter

Our Spring courses for social workers and psychologists continue to be our main source of community education and visibility. Due to the excellence of teaching and the hard work of Elliott Markoff, Coordinator, we have a record of 170 participants (as of March 13), with some places still open. We have had numerous comments about how the psychological and social work community appreciate the uniqueness of our offerings, despite the recent plethora of post-graduate courses elsewhere.

Our plans for Fall courses for psychiatrists are being made under the vigorous leadership of Terrence Taylor, Coordinator. Psychiatrists in various parts of the Los Angeles area, Orange County and, hopefully, Phoenix, will be taking courses taught by our members in "Psychoanalytic Psychotherapy." Thus far, teachers include Jack Delchamps, Sita Huff, John McClure, Warren Jones, Gilbert Morrison and Robert Shapiro (Phoenix). We expect other members to also be teaching these courses. Drs. Hoppe, Masler and Paul will each be offering other specialized courses for psychiatrists, to be taught at the institute offices.

Bud Friend is Coordinator of "Psychoanalysis and Creativity, Part III - Film," slated for Winter 1979. Mark Doran, Arnie Gilberg, Ernie Masler and Arnie Wilson have worked on planning this program with numerous others interested. This should be a fascinating event both for mental health professionals and the public.

Gary Chase, Coordinator, is beginning to plan a program involving the academic community with able consultation with Peter Loewenberg, Albert Hutter and Louise Tyler.

Barbara Kohn and I have been the coordinators of the Spring UCLA Extension Series on "Psychoanalysis and Literature." I have spoken with Barbara about a 1980 UCLA Extension Series on "Psychoanalysis and Art," and I hope this can be actualized.

If any of you are interested in teaching in the psychoanalytic area as regards family practice training programs, contact Bernie Brickman, Coordinator. We have not been able to start a program in this area, despite much effort. All potential teachers or individuals with ideas for courses or offerings are welcome to contact me or any of the individual coordinators.

Roman Anshin, M.D.  
Director

## CLINIC NEWS

Recent referrals to the Clinic have been excellent, resulting in more acceptances for analysis in the Clinic program. This has markedly decreased the number of Clinical Associates waiting for a Clinic assignment. The Clinic, however, is still seeking referrals since there are some Clinical Associates still available for an assignment and several are expected to be approved to start their first supervised case this summer. More referrals would provide a richer source of patients so that more suitable selections could be made.

A check of those patients who could not be accepted and were referred to Clinical Associates and Members indicated that all have followed through on the referrals and are in treatment. The Clinic does take responsibility for assisting with an alternate treatment plan and contacts the referral source in advance to confirm availability and interest in the particular referral.

Marvin P. Osman, M.D.  
Director

## SOCIETY NEWS

### COMMITTEE ON PUBLIC INFORMATION

As Chairman of the Committee on Public Information I would like you to recall that we have gone through several phases collectively to consider attitude and actions about public information. Initially there was much resistance, particularly about utilization of a public relations firm, and subsequently there was a reversal of this. An assessment of thirty dollars per member was made, which has not been utilized to date.

In further review of these issues our committee and the Executive Committee of the Society have concluded that, in truth, hiring of a public relations firm would not be beneficial in that we would ultimately end up doing most of the work ourselves.

Further consideration was given to purchase of a computer in order to provide data for the news media such that there could be more convenient and rapid interface with the media. After considerable review, including consultation with the public information committee of SCPS and their own computer consultant, we ultimately decided not to involve ourself with such a program.

The committee has taken some actions in a defensive way regarding attacks on psychoanalysts. However, our committee as well as the Executive Committee strongly prefer a more positive approach rather than a defensive one. This positive approach really means a consolidation and integration of our own concepts of what is important about psychoanalysis and analysts themselves.

Marshall S. Cherkas, M.D.  
Chairman

CHILD DEVELOPMENT AND  
PSYCHOTHERAPY TRAINING PROGRAM

In order to keep members of the Society informed of the growth of the Child Development and Psychotherapy Training Program, I am providing this report of the current state of our activities.

The first class of ten members successfully completed the second year of our curriculum in June, 1978. In that second year they had seminars with members of the Southern California Psychoanalytic Society and the Los Angeles Psychoanalytic Society plus additional instructors from both UCLA and the Hampstead Clinic.

In September 1977 we began to receive applications for our second class and eventually reviewed thirty-five applicants. Again we were impressed with the high caliber of the applicants, all of whom had a Master's degree as required, but a number of whom also had a Ph.D. as well. They indicated their interest in receiving an in depth experience with psychoanalytic understanding as applied to child development and child psychotherapy. We decided to select twelve for the second class and as of this writing, they have successfully completed the first trimester.

In response to the enthusiastic request of all the students, the Board of this program has decided to seek approval from the State Department of Education to grant the Ph.D. to our graduates. In order to satisfy the Department's requirement of \$50,000 of assets, the students decided to pre-pay their tuition for two years. They also have begun a fund raising campaign from various donors, since we are now a non-profit tax exempt organization recognized by both the IRS and the State Franchise Tax Board. Informal meetings have been held with State Department of Education Consultant, Dr. Milton Hood (who you may remember had been assigned to the Southern California Psychoanalytic Institute when we made our request to be recognized as a Ph.D. degree granting program). To date he has been most encouraging and helpful, but has stressed the fact that until we can show an affidavit that we have the \$50,000 there can be no review of our program. From the response to date of the fund raising efforts, our Board has been greatly encouraged and feels confident that we will reach that financial goal. In addition, it has been most gratifying to observe the continued interest, eagerness and enthusiasm of our students as they have been carrying the major burden of the work to develop this application for our program.

As our students reach the stage in their training where they need to have cases being seen in psychotherapy under supervision, we have been gratified at the response of members of the Society who are serving as supervisors. We still need an ample supply of good cases for training and our students are committed to taking low fee cases for this purpose. Our Board believes that this will help the image in the community if it perceives that a program with a psychoanalytic orientation can be available to those with low incomes.

In closing, I want to express the continued appreciation we have for the sustained interest and growing involvement of members of the Society in this program. It has been quite satisfying to see it unfold as it has done thus far, especially as we continue to observe the growing influence our students have in their various staff positions in schools, Family Service agencies, Child Guidance Clinics, Pediatric Departments, University Departments and other community activities which allow them many opportunities to apply the psychoanalytic knowledge they are acquiring. We see them as a vigorous and significant force in helping to bring a better understanding of our body of knowledge to the greater community.

John F. Leonard, M.D.  
Chairman  
Board of Directors



# BOOK REVIEWS

A REVIEW ESSAY BY ARTHUR MALIN, M.D.

Psychology of the Self: A Casebook, edited by Arnold Goldberg. 1978.

This book is an attempt by Kohut and his co-workers to describe the clinical work in analyses conducted according to the ideas of the psychology of the self. Dr. Goldberg has taken great pains to try to demonstrate that what they do is psychoanalysis. For example, they state, "Let us define analysis as a depth-psychological therapeutic procedure characterized by the development and elaboration of a transference neurosis and its subsequent resolution by interpretation." (p. 428) "In terms of the methodology of psychoanalysis" the efforts of the psychology of the self "meant an explanation based on the typical unfolding of the transference, on the basis on which it is possible to arrive at valid genetic constructions." (p. 6) "It must be emphasized that a correct or ideal emotional position on the part of the analyst (referring to empathy) is insufficient by itself; interpretations must carry the brunt of the analytic process. The activity of psychoanalysts is interpretation." (p.8-9)

The quotations are aimed at demonstrating the attempt of the authors to answer the criticism that the therapeutic work conducted according to the psychology of the self is not really analysis. The authors claim that the observations that have led to the theory have been correlated to early development and this also allows the assumption of the psychoanalytic position.

In this book the authors try to answer their critics and offer clinical evidence for how they work psychoanalytically by presentation of case material. They believe that through the psychology of the self and the empathic interpretative responses of the analyst, there is a development of self-object transferences which are essential to the analysis of narcissistic personality disorders. They state that there is great pressure on the analyst to gratify the patient, particularly in analyzing narcissistic disorders but they try to demonstrate with the case presentations that, "These demands were consistently interpreted, albeit in a tactful, nonhurtful, nonhumiliating manner. In fact, this is the essence of the analytic treatment: interpretation without gratification per se." (p. 477) "The analyst does not actively soothe; he interprets the analysand's yearning to be soothed..." (p.447-8)

A word of explanation about the use of the term self-object transference. This is the all encompassing term now used in the psychology of the self. It contains within it the previously described mirror transference and idealizing transference and the many variations on those two transference configurations.

Therefore, in reviewing this book, the question to be considered is this: Do the case presentations demonstrate convincingly that the psychology of the self is a valid psychoanalytic theory that uses the analytic method and is in the mainstream of psychoanalysis? Is this a new paradigm which invalidates the older psychoanalytic paradigm? I do not believe this book answers these questions because, as every analyst knows, the clinical material of other analysts is never convincing enough unless one comes to it prepared to accept it. However, this does not invalidate the presentation of clinical material to back up a point of view. If one is at least stimulated enough by a clinical presentation, then the reader may see if this fits his or her own observations in their own analytic work. It appears that some of the interest being expressed in the psychology of the self is due to the feeling that this point of view does have application in our therapeutic work when it has been used with certain difficult cases.

A significant area that is discussed in all the case presentations has to do with the formation of psychic structure in the analytic work. The term transmuting internalization is used to describe the acquisition of new psychic structures and functions through the transformation and re-internalizations of the mobilized structures, namely the narcissistic transferences.

One word of caution in regard to reading this book. Although it may be pleasant to read clinical work, it does not do justice to the efforts of the authors if this book is read as an introduction to understanding the psychology of the self. I believe the reading of much of the earlier work is absolutely essential in order to gain significant meaning from this book.

Another area of discussion is the question of analyzability and this has to do with the evaluation of the presence or absence of a cohesive self. If there has been development of a first sense of wholeness, or a cohesive self, then one can conduct an analysis even though the cohesive self may sometimes be obscured defensively. When the self fragments easily with very little provocation, it is seen as evidence there never was a firm sense of wholeness or a cohesive sense of self, and according to the psychology of the self, this would be a narcissistic borderline patient and not analyzable. "The instability or propensity for regression of this enduring function or structure (cohesive sense of self) is the most important diagnostic sign of a narcissistic personality disorder. Those individuals who have a basically disordered or fragmented self or spend their lives protecting themselves against recurring outbreaks of such a disorder are not part of this diagnostic category." (p. 4)

In line with the developmental theory, what is seen in many of these cases are "the failings of these patient's parents in the arena of their inability to comprehend empathically the needs of the child to have a reliable self-object to promote one or another form of structuralization." (p. 8) The clinical theory of the psychology of the self points out that real situations have occurred in childhood which were failures of empathy on the part of the parents.

There are six cases described. The first case report is entitled "The Resolution of a Mirror Transference: Clinical Emphasis on the Termination Phase." The patient was a twenty-five year old man who had four years of analysis. At the start of the analysis, the analyst was not aware of the new psychology of the self so that the analysis was undertaken with the expectation that the patient would develop a classical transference neurosis and there was evidence of major oedipal anxieties. Once there was a more empathic understanding of the deprivations and disappointments that the patient had been expecting, an idealizing transference developed lasting to the end of the third year. In the last year the mirror transference developed and it was the resolution of this transference that led to the termination. Examples are given of the interaction of the analyst and the patient throughout the analysis to bring out the manifestations of these self-object transference structures. With the working through of these transferences there was development of transmuting internalizations referring to structure building. The resolution of the mirror transference is emphasized in this case report and the termination phase is described in great detail to demonstrate the empathic responses of the analyst to the patient's material which was so helpful in the analytic result. There was also reconstructive work that came out with the material. In this case the use of 'breaks in empathy' which sometimes cannot be helped, such as occasions of illness of the analyst, but at other times are lack of understanding, can be used in furthering the work. Breaks in empathy usually produce some tendency toward fragmentation of the self which then has to be analyzed. In this case, the use of sexual activity as an acting out has to do with an attempt to deal with an impending sense of fragmentation of the self.

The second case presentation is entitled "Transformation of Archaic Narcissism." The patient was a thirty year old male who was previously described in the first chapter of the Restoration of the Self (1977) which was entitled "The Termination of the Analysis of a Narcissistic Personality Disorder." In that chapter, there was a discussion of the development of compensatory structures which was considered significant in the termination phase. In the presentation in the present

book, it is the middle phase of the analysis that is described in great detail. The special point in this presentation has to do with the transformation of archaic narcissism through its mobilization in the transference and the working through of these transferences in the course of the analysis. Archaic forms of narcissism refer to the internal infantile configurations, the grandiose self and the idealized parent imago, which have been described in The Analysis of the Self. Due to repression or disavowal these configurations have not participated in the progressive development of the psyche and such failures in development are due to the chronic traumatic childhood experiences which refer to the unempathic response of significant people, usually of the parents, to the normal narcissistic needs of the infant and child. In this case report it is the development of the internal configuration, the grandiose self, into its manifestation in a mirror transference which is described in detail.

The result of this case also brings in issues of analyzability and differential diagnosis and the patient's attempts at control in the analysis and the problems of dependency. There are examples of erotization of painful affects which appears to occur during fragmentation of a cohesive sense of self when there is some failure in empathy.

The third case is entitled "The Consolidation of a Cohesive Self." This chapter is fairly lengthy and very well written from the point of view of the expressive way in which the interaction between the patient and the analyst is described. I found it very easy to get quite involved in the chapter and wanting to read it through in one sitting.

The patient was a thirty-one year old woman in analysis for over four years, and for the first two and one-half years the analyst did not work from the perspective of the psychology of the self. He saw the patient's problem arising from oedipal and pre-oedipal difficulties. The patient's innumerable complaints about her mother were interpreted from the point of view of oedipal rivalry. There were ups and downs to the treatment but the patient did not progress during those first two and one-half years and there was a serious depression that occurred at the end of the second year.

During a summer break, the analyst became exposed to the work of Dr. Kohut and discussed the case with him, although in a brief and informal way. When the analysis resumed the analyst was able to point out to the patient that he had made some errors in the way he understood her and he seemed to be able to rectify these errors and went on to have an interpretive style and understanding that fit in with the psychology of the self. A drama-

tic change then occurred in the patient and the mirror transference which the patient had been trying to express earlier was even more obvious and pronounced. This was now interpreted and worked through in the ensuing year and one-half of analysis which led to a successful termination. It was the working through of the mirror transference which helped lead to the development of a consolidation of a cohesive self and to transmuting internalization and structure building.

As an example of the problem in the first two and one-half years when the analyst did not understand the patient from the point of view of self psychology, he wrote, "In essence, these swings were repetitions in the unrecognized mirror transference: just as she had turned to her mother, she turned hopefully and expectantly to the analyst for the mirroring responses which would support her vigor and self-assurance. When the response was not forthcoming, she felt 'fragmented,' desolate, and on her own again; enraged and hopeless, she redoubled her efforts to use her own capacities without feeling that they were up to doing what she needed to do for her self -- to feel pleasure in her self and what she was doing; driven and overburdened, she responded gratefully to nonspecific efforts to be helpful to her and turned once again toward the mirroring self-object -- only to be disappointed again." (p. 197)

The fourth case is entitled "Analysis of a Mirror Transference in a Case of Arrested Development." The patient was a young man in his twenties who completed a five year analysis. The arrested development referred to consisted of severe deprivation in his childhood because his mother suffered from a progressive illness starting from shortly after his birth and who always seemed distant, preoccupied with her illness, exhausted and depressed. The mother died from this illness when the patient was fifteen. In addition, the patient was a premature baby and raised apart from mother in an incubator for several months. When he was brought home, he was seldom touched, picked up or fondled because of the fear that he was still fragile. By the end of the analysis there was some evidence related to the patient's response to interpretation as well as memories recovered in the termination phase of positive memories of the mother so that the mother was probably deficient for the child because of her illness and was not a mother "who was essentially overwhelmed by motherhood and thereby undermined the development of the sense of self right from the start." (p. 296)

With such severe deprivation in childhood, the case report describes the extreme sensitivity of the patient to the response of the analyst to anything resembling unempathic comment. He seemed very fragile if he was not

understood and was concerned about any inappropriate response from the analyst. There were too discussions of problems of overstimulation by success. This overstimulation could occur when the patient would be appreciated and admired, particularly by the analyst, and this was very dangerous because it also threatened his cohesive sense of self. This patient particularly had a great deal of anxiety relating to weekend breaks as well as vacations of the analyst because at that time his cohesive sense of self was in jeopardy since he needed the mirroring function of the analyst.

A mirror transference developed with a very strong need for the analyst to mirror and affirm the patient in a positive way. The analyst felt that "at no time did I attempt to be a substitute parent to him. I retained an essential analytic stance so that bit by bit, and time and time again, he could look at his transference longings. The therapeutic value lay, not in becoming his mother, but in understanding his wish and not moralistically rejecting the immature and often socially unacceptable form through which it was expressed." (p. 280)

The author stated, "Most important, of course, in this case was the patient's transference around the need to be mirrored, his devastating disappointment when he felt not understood in this need, and the very clear way in which one could see psychic structure being built as the mirror transferences were worked through. The need to be mirrored is part and parcel of development and will appear in one form or another in every analysis of a narcissistic personality disorder, perhaps in every analysis." (p. 295) This quotation indicates that there is some feeling on the part of the authors that the ideas of the psychology of the self should be applied to every analysis.

The fifth case is entitled "Commentary on the Analysis of a Hysterical Personality." The patient was a thirty-three year old woman who was in analysis for seven years. The authors state that "the presentation of this case has a two-fold purpose: to demonstrate that a patient with a manifestly hysterical personality disorder can be understood and analyzed using the organizational framework of the psychology of the self, and to show how a change in an organizing theoretical position necessitates an alteration of clinical technique." (p. 297)

The special interest of this case is in the consideration of the difference of the points of view of hysterical disorders between classical psychoanalysis and the psychology of the self. The initial development was that of an idealizing erotized sexualized transference which gave this case a hysterical quality. The

analysis and resolution of this transference is described in detail in the report.

There is also an interesting account of the relatively long termination phase of ten months in which there are examples of transmuting internalizations and the development of complementary activities which expressed constructive life-long interests on the part of the patient. As in all the cases, the reconstructions are gone into in detail. It is in the reconstructive work, especially in the turning to the father, that the erotization and sexualization qualities were seen as developing and that were then manifested in the analysis.

In this report it is stated that classical psychoanalytic technique is bound to the oedipal paradigm which basically states that the problems we see in analysis are from difficulties in the oedipal period or regressions from the oedipal period. The psychology of the self suggests that the development of emotional difficulties stem from the beginning of life and the relationship with the important self-objects. "In formulations about self-object development there is instead a greater tendency to understand normal and pathological development from earliest infancy on up rather than as regressions from the drives to a more holistic approach -- to the developing personality as the child experiences his body, his mind, and to the larger more complex and more complexly nuanced emotional environment into which he is born and in which he is raised." (p. 310) In the psychology of the self, the drives are "represented as part of the whole" and are not the central force in psychoanalytic theory. (p. 310) This case brings out some of the important differences between classical psychoanalytic ideas and the psychology of the self.

The last case is entitled "A Case of Chronic Narcissistic Vulnerability." The patient was a twenty-six year old male graduate student and the analyst was a woman. There are extensive process notes presented for the first two and one-half years of analysis and less detailed notes for the last eight months. The editor of the book states that the material was supplied by a colleague from another community and presumably one who did not participate in the group that put the casebook together.

There was a significant discussion of the relation between two kinds of early trauma, namely the small but persistent failures of empathy experienced by the developing child and secondly, a massive, once only failure of a narcissistic self-object through such things as death, etc. This patient experienced both kinds of trauma. The massive trauma was the still

birth of twins to his mother when he was two and one-half years of age. The mother was an overstimulating woman on the one hand, and yet a mother who abandoned the child during this severe traumatic episode when the patient was two and one-half. This patient was very susceptible to overstimulation by any disappointment and reality frustration which he could not anticipate, or by his own internal tensions that he could not manage. This symptom led to the "empirically derived term chronic narcissistic vulnerability which described an individual that suffers a life-long and, at times, acutely disabling deficiency in his (ego) capacity to manage internally generated non-specific narcissistic tensions and who is at the same time unusually vulnerable to unpredictable and unexpected stimulation from the reality world." (p. 364) The way in which these early traumatic experiences and the resultant deficiency state is re-experienced in the transference and analyzed is described in some detail.

There is also a discussion of the question of whether this was an analysis or not. The authors point out that within the analysis the patient experienced an inevitable re-enactment of early developmental experience in which he was subject to inappropriate overstimulation and disruption and also to gross abandonment. There are a number of examples of empathic interpretations which seemed to be of benefit to the patient.

Of special interest was the sudden, unexpected illness of the analyst necessitating a break in the analysis of seven weeks. This unexpected 'traumatic' episode in the analysis was described in detail.

There is a short discussion at the end of the book of some of the ideas presented in the six cases. The authors believe that it is important in the question of diagnosis to evaluate the early sessions with special appraisal of the ease of empathic communication by the analyst with the prospective analysand. The initial contacts are a test for transference readiness and for an evaluation of the type of relationship that will develop. Diagnosis is significant since narcissistic personality disorders are considered analyzable while narcissistic borderline disorders are not.

The problem of precisely classifying the narcissistic transferences or self-object transferences according to the grandiose self or idealized parent imago was considered. The authors believe that these are not discrete structures and they appear in various mixture in the transference structures.

There is a useful discussion of countertransference as instigated by the analyst's own residual archaic narcissism when analyzing

people with narcissistic personality disorders. The authors commented that an analyst's untherapeutic reaction to the patient may stem from the fact that the analyst has no way of organizing the material and that perhaps psychology of the self gives the analyst "an enlarged schema for understanding what the patients are saying and therefore the analyst's potential for narcissistic injury is not stirred up as readily." (p. 444) They claim that "the principles determining the use of the interpretive process in narcissistic personality disorders are no different than those involved in the oedipal neuroses. The analyst listens with even hovering attention which is his counterpart to the analysand's free associations. By virtue of his own analysis, training and experience, the analyst is acutely sensitive to his inner experiences and thus becomes consciously aware of mental states evoked in him through empathic content with the analysand. Such empathically derived data then becomes the raw material for processing into the hypotheses that are tested by interpretations." (p. 446)

In general, the authors believe "the analysand attempts to experience all interpretations, even when most tactfully managed, as critical or demeaning. It usually diminishes one's self esteem to learn about the limitations of one's self knowledge or of one's self control." (p. 449) It is again emphasized that "structural changes come about through transmuting internalizations which make up the final steps in the working through process." (p. 451) "Working through is always slow and somewhat painful. Each tiny step occurred in response to a break in the analyst's empathy, usually a minor break with a manageable affect that did not severely fragment a still vulnerable self and therefore did not totally disrupt the cohesive transference." (p. 451) The authors point out that in the reported cases there was improvement in object relations, the appearance of humor and the emergence of important creative talents. They end up with a plea: "We hope the reader will agree that psychoanalysis is defined by its method and not by its evolving theories." (p. 453)

How successful were the authors in their task of writing a book, in the words of Arnold Goldberg the editor, "designed to demonstrate to our colleagues -- just what we do, how we do it, and why we do it?" Another task was to show that the psychology of the self uses the psychoanalytic method and is comparable to the analytic work in the oedipal transference neurosis.

This book certainly assists in answering these questions and in attempting to demonstrate in more detail what happens clinically. Taken alone this book can be difficult to accept but, in the continuum of the development of the psychology of the self, some of these cases make a good deal more sense. For the reader to get the most from the clinical discussions in this book, it is necessary to attempt to work in the manner suggested and to observe the response of the patients. Although not entirely satisfactory, the book does serve a very important need, that of presenting some clinical evidence of the significance of the psychology of the self and setting the stage for the interested analyst to make an attempt to understand his patient in a different way.

Jay Martin, Always Merry and Bright: The Life of Henry Miller, Capra Press, 1978.

"There really isn't anything that anyone can say about me," Henry Miller warned Jay Martin at their first interview. "I've written my own biography, you know...I've written my own truest biography." Miller was referring to the autobiographical content of his own novels, though it is doubtful that the friends, wives and lovers he thinly disguised would agree that his portraits were "true" to the facts. But Miller was not interested in facts as such; he was constructing a character and personality, often out of the ruin of his own. "The poet writes always of his personal life," William Butler Yeats wrote; but he does so as out of a "phantasmagoria," the man or woman who greets us on the page is never the bundle of accident and incoherence that sits down at the breakfast table. The biographies Miller admires are "purely poetical evocations, in which the facts don't matter in the slightest. Why, you could even invent the facts," he told Martin. "So long as you were interesting."

Martin seems to have chosen a style that would mediate between the two extremes of biographical technique, factual and poetic. He has done, on one hand, extensive research into the facts as we can obtain them. He has consulted the manuscript collection of twenty-three libraries, as well as those in private hands -- more than a hundred thousand pages. And he has read virtually all the manuscript copies of books by, and some about, Miller, as well as interviewing the surviving dramatis personae. But Professor Martin has couched this immense amount of material in a book that is as peppery, as flavored with the pungency of street life, as some of Miller's own. Near the end of the book, the author recalls that "I could think of no life I wanted more to portray with something of the same verve and humanity with which it had been lived."

Verve, yes. But the reader may feel that Miller's "humanity" is more apparent in the second half of his life than in the first. Because the Henry Miller who breathes in the evocative pages of the first two hundred pages or so is remarkable on several counts, none of them especially admirable nor prophetic of great art: he could be exceedingly cruel, defensive, neurotically self-centered, and vindictive. As Jay Martin tells us, Miller's father was of a sunny disposition, given to story telling and imaginative identifications. Though of hardy German stock he was not bound for success. Miller's mother was quite the opposite: of a Teutonic rigidity, she quickly spotted the flaws and frailties in people. When Henry was in kindergarten, for instance, his mother humiliated him by dragging him back to school by the ear and making him beg for the Christmas presents he quite generously had just refused, so that more needy children might have them. Twenty-five years later,

Miller thought Dostoevski had captured his own character in that of Raskolinkof in Crime and Punishment.

Such beginnings sent him precociously to the arms of other women. As Mr. Martin repeatedly observes, Miller quested endlessly for a woman to worship, by which he seems to have meant, a woman who would worship him. And of course his choices doomed him to failure. With women such as his second wife June, who seemed incapable of either truth or fidelity, Miller suffered terrible agonies; upon his first wife and daughter, whom he abandoned rather callously, he inflicted pain. Though Mr. Martin is never unsympathetic to his subject, the reader may well become so.

Some -- but not all -- of Miller's problems stemmed from money worries, which never entirely left him. His only secure years were spent working for Western Union, a job he got on pluck. Yet even here Miller treated his employees cruelly: he taunted them, bullied them and, among women, slept with them. He kept a "Humor" file on the most extreme cases. Like his mother, Miller liked uncovering frailties. Readers not familiar with Miller's life may be interested to learn that shortly after Otto Rank came to New York he sent his overflow patients to Anais Nin, who in turn sent hers to Henry Miller. The wheel of paroxysms thus turns full circle, and we have the less than endearing portrait of Henry Miller, psychoanalyst.

Against these difficulties, Miller's rallying cry was "always merry and bright," the motto of the youthful Xerxes Society which Miller joined after his high school graduation. Miller never entirely abandoned the cry--and of course it provided him with his title--but true brightness and some merriment only came to his life after some very hard years spent in Europe--mostly France. Miller had published some work by this time--some of his early pieces were printed under June's name--but had almost no income. But he did not encompass his visionary capacity on the printed page until, in 1931, he decided to write an autobiographical account of his first year in Paris. Thus began a very productive period for the "sage of the Villa Seurat," though it would not be until after the War that Miller learned of the great success of Tropic of Cancer in France.

One of the direct influences on Tropic, and on Miller himself, was Anais Nin, whose literary and artistic sensibility provided a sharp contrast to June, still in Miller's background. Nin as an adolescent had begun keeping a diary (addressed to the father who had deserted her and her mother, as Miller had left his wife and daughter). Miller adopted this "confessional impulse" for Tropic. And he found money, the work of Jung, Rank and others, and a sincere hospitality -- all courtesy of Anais Nin. The next four years were

a high point of his life and strengthened him for the ardours of a return to America and a continued commitment to writing.

There is of course much else that is fascinating about Miller -- his succession of wives, his unexpected success as a water colorist, his dabbling with Hollywood, his life in California (from Beverly Glen to Big Sur to Pacific Palisades) -- and it is all in Mr. Martin's book. The point of view is not psychoanalytic, not even apparently reflective (though it certainly is so); but the material for much contemplation is there and reads apace.

Stuart A. Ende, Ph.D.

psy'cho-a-nal'-y-sis. Lawrence J. Friedman, M.D. Middlebury Vermont: Eriksson, Paperback Edition, 1977.

A book about psychoanalysis written for the public has to be outstanding to stimulate favorable comments from a psychoanalyst reviewer. As Lawrence J. Friedman says in his book, psy'cho-a-nal'-y-sis, ours is the most comprehensive theory of human psychology. Highly complex and over-determined mental phenomena challenge our cognitive understanding while often at the same time stressing our emotional capacities in our demanding profession.

How could anyone communicate all this meaningfully to the public? Friedman has found a way. He writes what he says. For many years he has spoken publicly about psychoanalysis in lectures, television appearances, and through other media. From long experience he says exactly what he means and he says it clearly, plainly, and above all, understandably. Although the title of the book is psychoanalysis, and its stated purpose is to explain psychoanalysis, the real subject of the book is Lawrence J. Friedman, psychoanalyst. The book portrays aspects of the self of the psychoanalyst. It is a compilation of personal views derived from professional experience. Since it is so personal it evoked in this reviewer images of the author as a humanistic, warmly empathetic physician who not only cares about his patient but also has the strength to care about mankind. Friedman emphasizes that as an analyst he is a medical practitioner like any other physician. The favorable image of the physician created in the book might in some measure mitigate the current onslaught in this country directed at the images of physicians, psychiatrists, and psychoanalysts.

Any psychoanalyst could easily take statements out of the context of the book and criticize or challenge them. But the context of the book is Friedman himself. Therefore it would miss the point and amount to quibbling for anyone, including this reviewer, to do so.

Perhaps a purpose of this book for psychoanalysts as readers could conceivably be as inspiration for us to attempt to document our own personalized views of psychoanalysis. Friedman's work would then serve as a model of integrity and benevolent communication.

Charles B. Stone, M.D.

Stephen K. Firestein, Termination in Psychoanalysis. New York: International Universities Press, 1978.

Any extensive research on termination inevitably stirs the reader's interest in a fundamental question. Is termination a natural phenomenon or is it contrived from the exigencies of external reality together with the logically-appealing concept that the analytic process intrinsically has a beginning, a middle, and an end? Firestein does not address this issue. His work seems to stem from the implicit acceptance of termination as something that happens. He designed his research project to examine many questions and theoretical assumptions about it, regrettably omitting the most fundamental question.

This criticism aside, Firestein's book describes a very innovative and admirable clinical research project. It is innovative in design and admirable in the amount of time, difficulty and perseverance that must have been required to complete it. The author presents sufficient data to give the reader a clear impression about eight analyses in a chapter on each one. He terms the cooperation he received from analysts, supervisors, and analysands as phenomenal. There must have been a combination of fortunate circumstances that resulted in such complete fulfillment of the research design. Perhaps the author is charismatic; perhaps he fortuitously chose the right project at the right time. Whatever the contributing reasons may have been, any reader who has attempted a clinical research project will probably join in congratulating Firestein for a job nearly perfectly done. What is so remarkable is the author's ability to interview eight analysts, eight supervisors, and seven of the eight analysands several months to a year after termination. The eighth analysand had moved a long distance away but submitted a useful written response to the author's inquiries. In essence the author inquired about the opinions and reactions of candidates analyzing supervised cases in the New York Institute, their supervisors, and later, the analysands. Considering the inexperience of the analysts, and the pressures on them of external reality in needing to complete their cases, the data derived from interviewing them are the least rewarding aspect of the book. The interviews with the supervisors probably throw more light on the supervisory process than on termination, and in that context are worth reading. The most valuable and unusual data are from interviews of the analysands after termination.

The chapter on substantive conclusions consists of thirteen questions, each followed by the author's answers derived from the data. Some controversial theoretical issues are included. Concerning the impact on the analyst of approaching termination, Firestein states that the analysts experienced not only varying degrees of anxiety over terminating with their patients, but graduations of what, for want of a better description, could be called grief. In describing the patient's affective reverberations of termination the author emphasizes that it is not simply a matter of separation anxiety, but that separation rage, elation, disappointment, sadness and grief all occur. In addition to affective changes, there may also be motoric reactions, the author finds. A number of other termination phenomena are described, such as patient's fantasies around termination, rekindling of old resistances, and the question of whether new symptoms occur, which the author finds less likely than reappearance briefly of old ones.

The chapter on methodological conclusions mainly demonstrates that Firestein's research design was effective and workable. Interestingly, he states that it would probably be preferable to conduct follow-up interviews of patients at one to one and a half years rather than at six to twelve months. Most controversial is the author's opinion that the findings would have been the same if the data had been gathered from analyses by experienced analysts rather than by candidates. In order to arrive at that conclusion, Firestein apparently set aside his own emphasis on the various meanings to an analyst of terminating an analysis. If one acknowledges the special meaning to a candidate of completing a case, which of course reflects the importance to the institute of the candidate terminating the case, it is difficult to see how the entire termination process could escape the effects of this. On the one hand, Firestein acknowledges that external reality pressures in the analyst's life do affect an analysis but on the other hand, he flatly states that the same findings would occur in experienced analysts as in the candidates whose work he studied.

Firestein's research on the termination phase constitutes a useful contribution to the literature in the field. It is especially recommended for those inexperienced analysts who would like more information on what to expect in conducting an analysis through the termination phase. Supervising analysts may also find this book useful. Practicing analysts would perhaps welcome the opportunity to compare their own clinical experience with the data from a well conducted research project.

Charles B. Stone, M.D.



Henry Krystal, M.D., Ed., Massive Psychic Trauma. 1968. Second Edition, 1978.

It is, indeed, a privilege to review this unusually honest and thought provoking report about the suffering of the survivors of Nazi persecution. Based on three workshops at the Wayne State University in 1963, 1964 and 1965, Henry Krystal integrated a spectrum of experiences ranging from direct observations of survivors and their symptomatology to a comparison with survivors of the Hiroshima disaster, and finally the Workmen's Compensation law as it relates to a connection between schizophrenia and work trauma.

This reviewer was deeply moved by the sensitivity, humanity and empathy expressed on every page of this book on rereading the Second Edition of Massive Psychic Trauma. The best qualities of the TV series "Holocaust," which shattered the defensive armor of the German public recently, are condensed in short vignettes. For example: "The Jewish Capo at the womens' camp in Auschwitz in Barrack 18 (the assembly place prior to the gas chamber) was forced, as a price for her life, to load her mother and her sister onto the truck going to the gas chamber. Would the memory of overt matricide and sororicide not be a force toward psychotic depression in her later life, if she survived?" Another vignette is the diary of the twelve year old David Rubinowicz who wrote twenty-five days before his own death: "Where are you Daddy? Let me see you once more. I saw him on the last platform. He was all in tears and I followed him with my eyes until he disappeared around the corner and then I burst out crying and I felt how much I loved him and he loved me."

Especially we psychoanalysts should confront ourselves with the ordeal raised by Professor Dorsey to experience the expansion of our consciousness to cover the "Nazi living" in ourselves.

Fourteen contributors and thirty-five participants present their knowledge, their feelings, their convictions which are summarized and commented on by Henry Krystal. Dr. Krystal is a remarkable man, a survivor of a most gruesome persecution himself who, without the slightest indication of bitterness or revenge, dedicated his professional and scientific life to the survivors. He developed new insights concerning trauma and affect. In 1971 these insights were elaborated on in his book Psychic Traumatization, edited by him and Niederland, Little Brown and Co., International Psychiatric Clinic, Vol. 8, No. 1, and in 1978 in a paper published in The Psychoanalytic Study of the Child. His humility is reflected in a small footnote on page 141 of Massive Psychic Trauma:

Note that in my saying 'tragic', there is a sense of identification with the survivors, who felt that it is 'unjust' that those who have suffered in the past should be suffering still. The use of this adjective may be a symptom of psychopathology that develops in this work.

What can we learn from the study of concentration camp psychopathology? We are faced with transference and counter-transference problems, for example, our tendency to hide behind the neurological hammer (Meerloo) or our own experience. We learn about rape and schizophrenia in survivors, forensic psychiatry in Germany, illuminated by Professor Venzlaff, the similarities and differences between the survivors of Nazi persecution and of Hiroshima, graphically presented by Robert J. Lifton. We also hear about psychotherapy with survivors (Hoppe, Tanay and Hilel Klein), about the role of "missed adolescence", convalescence and the disturbances at work which are experienced as repeated slave labor by the survivors (Niederland).

The last chapter: Clinical Observations of the Survivor's Syndrome by Krystal and Niederland shows how relevant are the presented data. This book is a springboard for pertinent issues, new ideas, and research. The psychopathological and psychodynamic understanding was further developed by Krystal and Niederland in 1971, and by Chodoff in the American Handbook of Psychiatry, Vol. 6, 1975. The psychosomatic symptomatology in survivors lead to many new investigations, especially by Eitinger and the Norwegian group. The role of examiner was specifically focused upon by Hoppe (The Psychoanalytic Forum, Vol. 3, 1969). The "houseboy-slave personality," described by Krystal led to the concept of a master-slave seesaw relationship by Hoppe in 1971. The observed "affect lameness" and disturbed object relationships in survivors stimulated the development of the concept of alexithymia (Nemiah 1978), and functional commissurotomy (Hoppe 1977). The studying of the specific type of aggression was conceptualized by the reviewer in 1971 as "chronic reactive aggression" and "hate addiction." The observations of Dr. Sterba on adolescents led to an abundance of articles focusing on the psychic aftereffects in children and adolescents, as well as in children of survivors (especially in the publications of Sigal and co-workers in Canada).

The Second Edition of this remarkable book should be studied by every psychoanalyst to better understand human suffering and its role in the lives of our patients and ourselves. Thank you, Dr. Krystal.

Klaus D. Hoppe, M.D.

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CORRECTION

In the Winter 1979 issue of the Bulletin, there were two omissions in the article "Toward a Psychoanalytic Theory and Therapy of Homosexuality" by Charles W. Socarides, M.D. The first occurs on page 6, paragraph 3, line 4. This line should read: "psychoanalytic therapy of over a year's duration". Also on page 6, paragraph 2, line 8, the line should read: "years from the purely pre-oedipal homosexual to a new...".

**SOUTHERN CALIFORNIA PSYCHOANALYTIC INSTITUTE  
9024 OLYMPIC BOULEVARD BEVERLY HILLS, CALIFORNIA 90211**

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