



BULLETIN

OF THE

SOUTHERN CALIFORNIA PSYCHOANALYTIC INSTITUTE AND SOCIETY

No. 55

Published Quarterly

Winter 79

CONTENTS

LETTERS TO THE EDITOR	2
EDITOR'S NOTEBOOK	3
Charles W. Socarides—Toward a Psychoanalytic Theory and Therapy of Homosexuality	4
SCIENTIFIC MEETINGS	
Bridges: Psychoanalytic Essays in Honor of Leo Rangell	8
Reported by Raymond J. Friedman, Richard G. Johnson, Elliot L. Markoff, Evelyn H. Motzkin and Jona A. Perlmutter	
Martin Grotjahn—Conversation in Coronado	14
Chicago Conference on the Psychology of the Self	15
Reported by Arthur Malin	
Comments by Raymond J. Friedman	18
David Rubinfine—A Critique of 'Action Language'	19
Reported by Jerome L. Saperstein and Jack Gaines	
Mardi Horowitz—Processes of Change in Psychotherapy	21
Reported by Doryann Lebe	
INSTITUTE NEWS	22
Clinic, Extension	
REGULAR FEATURES	
Psychoanalysis and the Law—Mal Braverman	23
Clinical Associates—Jeffrey L. Drezner	24
BOOK REVIEWS	25
LIBRARY	28
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.

OFFICERS

The Institute: John A. Lindon, M.D.
President

Winthrop C. Hopgood, M.D.
Secretary-Treasurer

Ruth Aaron, M.D.
Chairwoman,
Education Committee
Dean, Training School

Alva Lane
Administrative Director

The Society: Marvin Osman, M.D.
President

Terrence Taylor, M.D.
Secretary-Treasurer

LETTERS TO THE EDITOR

Reply to Los Angeles Magazine

Dear Larry:

I would appreciate it if you would include in the next issue of the Bulletin the following.

Dear Colleagues:

After the vitriolic attack on psychoanalysis by Los Angeles Magazine in their November issue I sent the following letter to the Editor who in writing promised to publish it in full.

Many thanks.

John A. Lindon, M.D.

The article "Talk about your Freudian Slips..." by Sally Davis in your November issue refers to this Institute in such a way that the reader might think that this organization is in agreement with the article. NOT SO!

The article is filled with gross errors - which Ms. Davis could have easily discovered had she attempted to.

Just to cite three:

1) Of her "List of 10 of the most respected psychoanalysts in California," two of the 10 she lists are not, and make no claim to be, psychoanalysts.

2) The article smears psychoanalysts as mad for money. Yet the truth is we only accept psychiatrists for postgraduate training to become psychoanalysts, except for a few select distinguished scholars in other fields who receive scholarships for their training from this Institute. Any of us, without psychoanalytic training, could earn far more as a

psychiatrist -- which all of us are, and mostly Board Certified in Psychiatry - than we can as psychoanalysts. Not only does the psychiatrist, by becoming a psychoanalyst, lower what his professional income will be, but in addition becoming a psychoanalyst costs him as estimated \$100,000 for the psychoanalytic training. (He pays \$50,000 out-of-pocket costs for his training analysis, four to seven years of seminars in the Institute and several hundred hours of supervision, and an additional \$50,000 in loss of income because of using time for his psychoanalytic training that otherwise would have been income producing in private practice.) Thus, the psychiatrist voluntarily seeks many years of arduous and costly psychoanalytic training only because of his conviction that by becoming a psychoanalyst he can be of greater help to his patients.

3) The article implies psychoanalysts are so avaricious, they give no free services. Yet the truth is the psychoanalysts in our Institute provide without compensation over 4,000 hours per year of psychoanalytic treatment in our Clinic; in addition, the psychoanalysts in this Institute give more than 34,000 hours of free services every year to psychiatric clinics, hospitals and medical schools in Southern California.

This is a profession which should be pointed to with pride; the author and your magazine should be ashamed of the bad-mouthing you gave it.

John A. Lindon, M.D., Ph.D.
President

(Continued on page 7)

EDITOR'S NOTEBOOK

This issue's feature article was written expressly for the Bulletin by Dr. Charles W. Socarides, an outstanding authority on the subject of perverse human sexual behavior. Problems of sexual deviation remain a central issue in psychoanalytic literature. In this presentation, Dr. Socarides traces the evolution of his studies of sexual deviation. His interest, which began early in his analytic training, is matched by his scholarly compassionate approach to the subject matter. The problem and even the question of the treatment of homosexuality has been the subject of lively scientific and political controversy in recent years. Dr. Socarides has addressed these areas in order to conceptualize our understanding of perversion in light of advances in our views on early development and ego psychology. To those patients who can make the commitment, psychoanalysis can offer deep structural and character change. With the therapeutic positivism displayed by Dr. Socarides, it might be that the limits of analysis are those of the analyst.

Dr. Socarides is a practicing analyst in Manhattan and a member of the Association for Psychoanalytic Medicine (New York). He is the author of several articles and books including The Overt Homosexual (1968), Homosexuality (1978) and the recently edited publication The World of Emotions: Clinical Studies of Affect and Their Expression (1977). It is a pleasure to have an original contribution by Dr. Socarides in our journal.

NEW YORK MEETING

At the Fall meeting of the American Psychoanalytic Association the scientific program included thirty-five discussion groups, ten workshops, five panels, nineteen scientific papers, seven interdisciplinary colloquia and seven interdisciplinary seminars as well as two plenary addresses. Three random samples follow.

The Plenary Address by Kenneth Calder was a unique departure from the usual scientific paper by an immediate Past President. Dr. Calder spoke on "Self Analysis." Before embarking on this exposition of his personal life, he had expressed some mild concerns to a few friends with regard to his analysts who might be in the audience. He needn't have worried. What he discussed, with disarming candor and quiet sincerity, was in the tradition of Freud, revealing just so much and then leaving us to our own associations and resources. Shortly after completing his analytic training, Dr. Calder began to set aside a prescribed time during

which he wrote down his dreams, fantasies, symptoms and associations. From his journal we heard of a continuing search for healthy autonomy. He shared with us some personal information about his parents, his childhood in northern Michigan, and his pathway to the study of medicine, psychiatry and psychoanalysis. In maintaining his notebook, an unexpected finding, for him, was that his day dreams were more meaningful and utilizable for self analysis than his night dreams. Though seemingly all too obvious, Dr. Calder emphasized the need to continuously understand ourselves and to maintain contact with our unconscious in the service of understanding others.

Another interesting paper was presented by ex-Angelino Pietro Castelnuovo-Tedesco whom many of us know. After chairing the Department of Psychiatry at Harbor General-UCLA Medical Center for sixteen years, Dr. Tedesco moved to Vanderbilt University School of Medicine, Nashville, Tennessee in 1975 where he occupies the Blakemore Chair of Psychiatry. "Reminiscence and Nostalgia: The Pleasure and Pain of Remembering" was not without a double entendre. Reminiscence, the process of recalling past events, plays an important role in the evolution of identity, and permits the discharge of aggressive and sexual impulses while serving adaptive and future goals. By reminiscing, we maintain ties with object representations. Nostalgia is the bittersweet affective longing that accompanies some reminiscences of home or of lost love objects. These objects, from one's past, are derivative substitutes for the pre-oedipal mother before separation-individuation.

Should the analyst appear undisguised in a patient's early manifest dream, psychoanalytic mythology has dictated that there must have been a breach in technique. There are many who insist that a referral be made because of the implications of an erotized transference. In a paper entitled "Toward A Place for 'The Analyst Undisguised' in the Psychoanalytic Theory of the Dream," Arthur Rothstein (New York) dismisses this legend demonstrating that there is no such thing as a dream of the truly undisguised analyst. For the patient, the reporting of such a dream may present an intense wish for the therapist to become a real person and heralds early transference problems. But Dr. Rothstein shows us that there are latent meanings within this type of dream which reflect ego acquisition and superego structuralization facilitated by the analysis. One can profitably deal with the oedipal and negative transference themes presented.

TOWARD A PSYCHOANALYTIC THEORY AND
THERAPY OF HOMOSEXUALITY

Charles W. Socarides, M.D. (New York)*

The request that I write a short account of my psychoanalytic experiences in the treatment of homosexual patients for the Bulletin of the Southern California Psychoanalytic Institute and Society was both heartwarming and encouraging. My interest in the homosexual patient dates back to the very beginning of my training in psychoanalysis, when in the course of treating a patient under supervision he began to manifest overt homosexual behavior. I can recall now the considerable consternation this provoked, both in analyst and supervisor, as it was most unusual for psychoanalytic institutes to accept such patients for analysis by candidates in training. They were "too difficult," the prognosis too uncertain, and the theoretical, clinical, and therapeutic problems they posed too overwhelming, especially for the neophyte practitioner. One is reminded at the outset of the apparently formidable difficulties encountered during the psychoanalytic treatment of the homosexual, for the homosexual bears characteristics present in most individuals suffering from impulses neuroses, addiction, delinquency, and narcissistic personality disorders, as well as some features which are typical of borderline cases. Because of his narcissism, he appears to be unable to maintain a continuous analyzable transference relationship, and this transference abounds with a fusion of self- and object-images, primitive forerunners of identification. He suffers from poor object relations and a disturbance of object constancy. Furthermore, he appeared intolerant of postponement of impulses.

Little information of a concrete nature was offered, except for scattered references in the literature for the conduct of such a treatment, and many practitioners were unwilling to take on homosexual patients for psychoanalysis because it was generally believed unrewarding to treat someone who was satisfied with his condition, albeit a perversion. Indeed, during the early years of psychoanalysis, the view that perversion was the negative of neurosis, that the pervert accepted sexual impulses which the neurotic tried to repress, led to the general belief that homosexuals could not be treated in analysis because they gratify their infantile wishes consciously, without interference from the ego or superego. Furthermore, it was held that a successful analysis was possible only if the patient suffered from his symptoms, wished to eliminate them, and wished to cooperate in searching for the unconscious elements causing them. Since interpretation did not result in therapeutic

change in most instances, the material elicited from the analysis of the pervert was considered of little or no value: if he had repressed nothing, he had nothing for the analyst to uncover and decipher. The requirement that in analysis a patient be able to postpone immediate gratification of impulses in order that a psychoanalytic comprehension of his unconscious motivations take place, seemed to be an impossible achievement. As you well know, over the years these obstacles have been gradually worn away through our theoretical refinements and technique modifications, so that they no longer pose serious difficulties in working with these patients.

Until 1955, homosexuality was relatively neglected by psychoanalysts, had received surprisingly little attention since it occupied a place of such central importance in Freud's theories, both of sexuality and of neurosis. The explanation was simple: Freud had written a masterpiece on the subject during the pioneer years of psychoanalysis, the "Three Essays on the Theory of Sexuality" (1905), in which he clearly perceived the intimate connections between manifestations of earliest sexuality, of adult sexual perversions, and of neuroses and psychoses. In addition, the lack of a systematic study of ego psychology, and the absence of concepts of ego development comparable to the phases of libidinal development, for many years presented difficulties in the elucidation of structural concepts to homosexuality and to other sexual perversions.

Since the founding of the American Psychoanalytic Association in 1911, only three panels of our Association have been devoted to the clinical, theoretical, and therapeutic aspects of homosexuality, although two others have dealt with the problem of perversion in general. The former took place in: 1958 (Theoretical and Clinical Aspects of Overt Male Homosexuality, reported by this writer); 1960 (Theoretical and Clinical Aspects of Overt Female Homosexuality, reported by this writer); and 1976 (The Psychoanalytic Treatment of Male Homosexuality, reported by Edmund C. Payne). Fortunately, there appeared in the psychoanalytic literature brilliant theoretical and clinical essays during the preceding decades, illuminating many facets of this multidimensional disorder. Indeed, the state of our current knowledge of the therapy of these conditions would not have been possible without these findings.

Until 1968, however, there had been no psychoanalytic text devoted to the treatment of homosexuality, as currently exists for the treatment of transference neuroses, psychoses, borderline conditions, and even narcissistic personality disorders. This relative

* Clinical Professor of Psychiatry, State University of New York Downstate Medical Center, New York City.

scientific neglect was no doubt due to the nature of the condition itself; a disorder in which the symptom is ego-syntonic, the patient intolerant of experiencing anxiety, the symptom providing a high pleasure reward (orgasm), and the production in these individuals, for limited intervals, of neutralization of profound psychic conflicts through the expression of their perverse acts. In the last analysis, however, the slow pace of progress in our understanding of these ineluctable conditions revolved around the question of our potential therapeutic effectiveness and the therapeutic techniques to be employed during the psychoanalytic treatment itself.

As my experience deepened and my private practice expanded, I began to focus on all aspects of homosexuality, as well as other serious sexual disorders. Increasingly, I began to observe recurrent patterns in homosexuality, however unique each patient's family background, personal endowment, and clinical picture seemed. Certain features became consistently evident and I began to formulate an etiology, developmental theory, and treatment techniques which have proven effective in alleviating some of the major difficulties of these patients.

By 1968, I believed that in the majority of cases we could successfully treat homosexuality by psychoanalysis, or at least, that the symptoms and suffering that these patients experienced could be greatly mitigated. In The Overt Homosexual (1968), I presented the results of my clinical experience and a definitive theory as to the origin of homosexuality (the preoedipal theory of causation) the mechanisms involved in its development, and the procedures most effective in its treatment. In my opinion, the psychoanalytic proposition that homosexuality was solely of psychological origin had become completely established. The findings of many investigators in the area of child development, especially those of Mahler and her associates, delineating symbiotic and separation-individuation phases of human development, when applied to clinical data already gathered through the psychoanalysis of adult homosexuals, helped to explicate for me that the fixation of the homosexuality lay, in all probability, in the later phases of the separation-individuation process, producing a disturbance in self-identity as well as gender-identity, a persistence of the primary feminine identification with the mother, separation anxiety, fears of engulfment (restoring the mother-child unity), and disturbances in object relations and associated ego functions. Theoretical formulations derived from infant observational studies made at a somewhat later period by Galenson, Roiphe, and their associates, describing the formation of a sexual self-identity and placing it during the preoedipal period, added further theoretical underpinnings to my views regarding etiology and a conceptualization of therapy.

Although I owe a debt of gratitude to many psychoanalytic investigators, of especial importance to my theoretical formulations were the works of Hanns Sachs and Rene Spitz. Utilizing the Sachs mechanism, one could conclude that in homosexuality the instinctual gratification takes place in a disguised form, while its real content remains unconscious. One piece of infantile sexuality had entered into the service of repression and served to carry over into the ego the pleasure of a preoedipal stage of development, while the rest fell victim to repression. The homosexual was fixated on his wish for and dread of the mother-child unity; consequently he was prone to regression to earlier stages of development. He experienced a threat of ego destruction in union with the mother, an event to be avoided at all cost. The homosexual's life and development were designed to forestall and prevent the realization of this powerful affective state. Homosexual behavior could be seen to be a solution to the intolerable anxiety connected with the pull to return to this earlier, less differentiated phase of ego development. The homosexual object choice, achieved through the Sachs mechanism through its multiple substitutions, displacements, reaction formations, etc., was crucial to the repression of the basic conflict, the fear and dread of the mother-child unity.

In 1959, Spitz showed that when a psychological development which is age-adequate for a given critical period cannot take place, it will be difficult, if not impossible, for the individual to acquire it at a later stage. This is because at the appropriate critical stage a given item of psychological development will find all the maturational conditions favorable for its establishment; this maturational compliance, with its counterpart, developmental (psychological) compliance, must occur synchronously. It is an absolutely essential feature of normal development. Spitz's observations could be applied to the problem of the early development of the homosexual. He had failed to make the separation from the mother at the proper stage of development. As a result, there remained a chronic, intra-psychic fixation point to which he remained fixed, despite having passed through other developmental maturational phases with some success. In these maturational positions, there had been compensating and deviant structures formed in an attempt to remedy the infantile deficiency. These structures were intimately concerned with the problems of identity, faulty ego boundaries, introjective and projective anxieties, fears of invasion and engulfment, and a disturbance in the capacity to form object relations.

In contrast to the oedipal theory of castration, which had played such an important role in the first six decades of psychoanalysis, my theory was distinguished by two central areas of emphasis. First was my belief that the well-structured perversion of homosexuality, characterized by an imperative need for gratification and by the criterion

that the perverse act was the only avenue for attainment of sexual gratification and the alleviation of anxiety, was due to a primary preoedipal fixation or arrest. Second, it was my view that object relations pathology was more important than the vicissitudes of the drives. In other words, the central conflict of the homosexual could be seen as an object relations one, rather than a structural one. The direction that any therapy would take would follow from these conclusions. Our aim in treating homosexuality was, therefore, to discover the location of the fixation point and to make it possible for the patient to retrace his steps. In so doing, we would uncover compensating and deviant structures which distorted and inhibited his functions and produced self-perpetuating defenses. In analytic therapy we would allow the patient to trace that part of his development to that developmental period which had been distorted by infantile fears. Through the transference, the personality could be freed, and a process of developmental unfolding could take place independent of the anachronistic anxieties and fixations of early childhood.

During the next ten years (1967-77), I studied a wide range of clinical forms of homosexuality, from the mildest to the well-structured perversion, to that occurring in individuals with a florid psychosis. Some figures may give you an idea of the degree of my scientific absorption in the homosexual, his life, the clinical picture he presented, and the course of psychoanalytic therapy. From a rather large number of patients I can begin to derive some broad generalizations and conclusions, which can in turn point in the direction of future research and refinements in technique.

During this period, I treated psychoanalytically fifty-five overt homosexuals. Thirty-four of these patients were in long-term psychoanalytic therapy of a year's duration (average 3.5 years). The number of sessions ranged from three to five per week. In this group there were only three females. The remainder (eleven) were in short-term analytic therapy (average six to seven months) at two to three sessions per week. Three were female.

In addition, full-scale analysis was performed on eighteen latent homosexuals, in whom the symptoms never became overt, except in the most transitory form. Therefore, the total number treated in long-term analysis, whether overt or latent, was sixty-three.

Over 350 overt homosexuals, moreover, were seen in consultation (averaging one to three sessions) during this ten-year period.

A definite breakdown and analysis of the therapeutic results in these various groups is currently being written. One can report, however, that of the forty-four overt homosexuals who have undergone psychoanalytic therapy, twenty patients, nearly fifty percent,

developed full heterosexual functioning and were able to develop love feelings for their heterosexual partners. This includes one female patient. These patients, of whom two-thirds were of the preoedipal type and one-third of the oedipal type, were all strongly motivated for therapy.

A comprehensive account of these observations, findings and conclusions; together with a correction of previous theoretical concepts and material presented in my former volume; and new views of other crucial aspects of the problem, e.g.: disturbances of gender role formation (sexual identity), the problem of aggression, schizo-homosexuality, the issue of ego syntonicity, and a systematized, widely expanded new section on the psychoanalytic theory of homosexuality; together with a comprehensive chart of the homosexualities divided into oedipal, preoedipal, and schizo-homosexual forms, their differentiating criteria and therapeutic implications, are to be found in my new volume, Homosexuality (1978). My emphasis had shifted over the years from the purely homosexual to a new vantage point, from which I studied all forms of homosexuality and from which I proposed a more truly balanced developmental point of view, decentered, multidimensional, and portraying a richer variability and longer continuum so characteristic of other human psychic functioning. It is vital to note that such advances could not have been made without the contributions of child analysts' direct observational studies, the work of Greenson, Jacobson, Galenson, Roiphe, Edgecumbe and Burgner on the development of early sexual identity, Mahler, and many other contributions. Advances in ego developmental psychology during the past ten years, progress in object relations theory, the pathology of internalized object relations, newer concepts of narcissism, and the theoretical propositions embodied in these advances, have illuminated clinical areas, both old and new, in every homosexual patient. They cast light on our classification of these disorders, transference behavior, the consequences of early ego developmental arrest on ego structure, the importance of degree and level of fixation, and clarify the meaning and content of the imperativeness of homosexual impulse and its dynamic structure.

Due to the elucidation of the pathology of internalized object relations, and our refinements in understanding transference processes, both these occurring in the well-structured perversion and in those with narcissistic transference -- plus refinements in the criteria for analyzability -- we can objectively state at this time that the homosexual, even those with a preoedipal form of homosexuality and a concomitant narcissistic personality disorder, are analyzable. In the most severe cases of preoedipal homosexuality, those suffering from concomitant narcissistic character pathology, the work of Kohut, Volkan, and Kernberg, among others, cannot be overestimated in its relevance for the therapeutic techniques to be employed in

treating homosexual patients of this type.

Our emerging knowledge of the structure of the homosexual's ego has begun to produce a variety of techniques more carefully adapted to the requirements of the homosexual's disturbance. If we could assure definite mastery of his ego over these areas where he is suffering defeat, we could come closer to effecting his recovery from this disorder. Insight into the structure of his ego multiplies the clinical effectiveness of our psychoanalytic technique, increases our need for more knowledge and our responsibilities as to the proper psychoanalytic technique to be employed in these cases. Failure to define and analyze these ego deficiencies has led in the past to an inflexibility in the therapeutic approach to the homosexual patient and to failures in therapy.

While many clinical and theoretical problems still remain unanswered, such as the clarification of specific experiences involving both mother and father which lead to the homosexual symptom, the organizing trauma of early childhood responsible for the development of a particular form of perversion, an increasing clarification of the mechanisms involved and further penetration into pathogenesis, psychoanalysis as a treatment modality has been firmly established. Furthermore, the psychoanalytic method itself has proven itself; a theoretical evolution out of the acquisition of new clinical data has occurred, resulting in a more truly balanced, developmentally oriented body of psychoanalytic theory and technique on this subject.

Finally, let me close by paraphrasing Freud's views of 1922 that analytic literature has not disclosed any single genetic or structural pattern that would apply to all or even a major part of the cases of inversion. It would be the task of future investigators, Freud wrote, to attempt to determine what genetic factors are essential for the production of homosexuality, to elucidate a structural theory for the understanding of it, to examine therapeutic problems inherent in the treatment of homosexuals, and to shed light on the connection between the sexual instinct and the choice of object in homosexual behavior. To do all of this, of course, Freud wrote, the psychical mechanism used in the choice of a sexual object of the same sex for orgasmic satisfaction, the purpose of such choice (beyond the orgasmic purpose), and its infantile origin must finally be discovered.

Our task is hardly completed, but the challenge has been met and its fulfillment will depend upon the rigorous application of new and expanding psychoanalytic knowledge to this problem.

Subscription Department

Dear Larry:

Unbelievable as it sounds, the last issue of the Bulletin is the first one I have ever seen. How that is possible I don't know. If it would be the first, or even the fifth issue, I might understand it, but Number 54!! In any case, obviously belated, I still would like to send you my appreciation and my pleasure of reading it, and I did so from the first to the last page. This is excellent; I congratulate you. And I do hope that I shall be on your permanent mailing list from now on.

My additional thanks to you for the review of The Traveling Psychoanalyst, by Dr. Bella F. Schimmel. I enjoyed reading it. It is good, well written and gives the reader an excellent idea of what the book is all about. Again, my thanks.

Lawrence J. Friedman, M.D.

Dear Larry:

I was enormously impressed by the Bulletin. You obviously are putting in a great deal of useful work. There are all sorts of good things in it.

Naturally, I was fascinated with the responses to the earlier presentations of Rangell and Osman. Is there any way I could get a copy of the earlier issue? I notice that our institute has not been receiving the Bulletin. I would be glad to duplicate the earlier copy and send it back if they are in short supply.

What do we need to do to get our institute on the list for future editions?...

Vann Spruiell, M.D.
New Orleans, LA

(Continued on page 21)

SCIENTIFIC MEETINGS

Bridges Psychoanalytic Essays in Honor of Leo Rangell, M.D. San Diego, California September 22-24, 1978

ON INCEST CONSUMMATED IN ADOLESCENCE

Leonard Shengold, M.D.*

The first published psychoanalytic case of an adolescent son's incest with his mother provided new material for a "Bridge" to understanding the incest phenomena, its cause and effects, especially in adolescent as compared to pre-puberty children.

Extreme parental pathology was cited as the primary cause of incest, and often involved the compulsive repeating of the parent's own incestuous past with no child being capable of resisting it. The sexual provocativeness of the child, varying with its inherent sex drive of emotional hunger from deprivation, plays only a secondary role.

Because of the primacy of the pre-oedipal mother for either sex child and the special repugnance of the wish to impregnate mother, adolescent son-mother incest is almost non-existent as compared to the high frequency of adolescent daughter-father incest and to the high equal frequency of either sex pre-puberty child with the opposite sex parent where there is no physical possibility of impregnating a mother.

The effect of incest in the pre-puberty child is more damaging in so far as there is over-stimulation without the adolescent capability of orgasm or its possibility of effecting a passivity to activity psychological reversal. The adolescent, however, has the increased castration, anxiety, guilt and fear of impregnation.

CASE PRESENTATION

A mid-30 year old ambitious professional man presented with depression and a pattern of self-sabotaging after big successes. He functioned sexually but with diminished pleasure and felt distant from his wife. History revealed a volatile mother, obsessed with his bowel functioning, who feminized him until he rebelled at age four. She was at war with his often absent father "a weak man in a strong body." Despite a long illness at five and a half and a homosexual seduction at age six, his masculinity asserted itself as he precociously developed into a popular, athletic

adolescent. His mother then became pre-occupied with his body and he responded with disturbed dreams and diminished school performance. Analysis reactivated his feelings at puberty and lifted from repression a "wonderful" scene in which he saw mother bending over naked in the bathroom, inviting him with her eyes, and himself, "as if in a trance" coming to her and penetrating. There was no verbal acknowledgement of the incest although it was repeated over weeks until his first ejaculation triggered his mother's "no, no, no."

This "glorious" experience effected in him "an aesthetic transmutation out of which came a lifelong intense feeling for beauty in both nature and art." It gave him the confidence of a favorite son who wins mother, and thereafter expects success. Dynamically, it created a reversal from his being the oral-anal passive object of the phallic invasive devouring mother, to his being the triumphant "Oedipus" subjugating mother with his penetrative powers. It also created arrogance and an intense need for punishment.

Relief ensued in the analysis but the work stopped. He kept a "hole" in his memory for the post-incest events, as if identifying with mother's "no, no, no," and perhaps keeping a female identification as a defense against the oedipal triumph, and avoiding his fear of impregnating mother with its underlying dangerous meanings of cannibalistically projecting himself into her womb, of literally replacing father by becoming a father and then facing castration or super-ego punishment, and of killing father whose strength he needed to deal with the pre-oedipal mother. He left the analyst to avoid his murderous rage, and to avoid facing fantasies of killing him, of identifying with mother and submitting sexually to him, or of having his penetrating interpretations bear fruit. Leaving was an acting out of the anger and castration wishes.

His return years later showed the further consolidation of his analytic work with reconstruction of his later adolescence. It appeared to be normal for a predominantly passive inhibited heterosexual male. He reported a re-flowering of sexual and pleasurable feelings with a new and more loving wife. His story had a happy ending, but as Sophocles reminds us, "We must call no one happy who is of mortal race, until he has crossed life's border, free from pain."

*Clinical Professor of Psychiatry, State University of New York, Downstate Medical Center; Training Analyst, Downstate Psychoanalytic Institute.

Evelyn H. Motzkin, M.D., Reporter

GASLIGHTING

Edward Weinshel, M.D.*
Victor Calef, M.D.**

Dr. Weinshel began by describing gaslighting as something that occurs between those who do it and those to whom it is done. The gaslightee internalizes that which is projected onto him. The term first appeared in the 1936 play, Angel Street, by Hamilton. It was subsequently made into the famous movie in which the criminal husband was trying to eliminate his wife in order to get at the hidden jewels in the house. His psychoses was less clear in the film than in the play.

The dynamics of gaslighting are both conscious rationalizations and unconscious determinants of external and/or internal perceptions. Gaslighting must be differentiated from other judgment impairments, at least schematically, for example, obsessional and psychotic states. In gaslighting, the first person imposes on the second a dumping which is a specific kind of transfer of mental functions. The motive is a transfer of affect, especially anxiety. The first person feels relieved of a foreign body and the second person has a capacity and vulnerability to internalize the other's projection. There is no explanation why the second person is more vulnerable than others to gaslighting.

A variation happens in analysis. First, there is the analyst's effect on the analysand. The power of interpretation and of the transference, along with the use of the couch and the helplessness felt by the patient, may lead to an ambiguity and confusion between inner and outer reality, between real and fantasy objects; and the analyst may impose this on the patient. Another variation is the effect of the patient on the therapist, where the emotional pressures, complaints, and accusations of the patient may gaslight the therapist, so that he becomes a target of the patient's projections and perhaps feels they are correct accusations. He may even be accused of being a gaslighter as, for example, being told that, "Everything would be fine if I weren't in therapy."

Several clinical examples were then additionally offered. A female patient's pleas of passivity and helplessness, with infantilizing and resistance, may render the therapist "helpless" because the patient is correct genetically about her helpless female childhood feelings as a passive and castrated person. Her penis envy and deprivation disguise her secret phallus. Another example is the female patient who says that everything in analysis is pathological, so the analysis is keeping her pathological. Here, too, there

is the secret hidden penis, according to Weinshel. Such a patient had described all emotions in her family as being held to be sick. Although her parents would control recognition of emotions, there would be a "pseudo-acceptance" and screening of a fear of craziness about the hidden penis phantasy. The patient couldn't be sure her parents were wrong and she became preoccupied with truth and lying. She feared "looking under a rock" for what she would see and was afraid of what maybe was real. The gaslighting by her parents was equivalent to the analyst's role in splitting between the same search for truth and lying. Weinshel pointed out that there are other examples that occur with ubiquity. Examples are sensory deprivation, concentration camps, double binds and targeting of a family victim for psychosis. There is conjugal paranoia and Searles' work on confusion and perplexity and the role of delusion in searching for solution and relief. There is also the sadistic analyst. Other writers such as Klein, Fairburn, Bion and H. Segal have written of similar phenomena, including projective identification. Freud described doubt and the doubting mania. Shengold has written of soul murder. Rappaport wrote of identity and defusion. Shakespeare in Othello depicts the gaslighting of Desdemona by Iago.

The authors of this paper are interested in non-psychotic gaslighting. They see this as a bridge to brainwashing, subliminal perception and suggestibility in advertising. They ask, "Where does gaslighting fit or is it just projection?" They feel that it is more than projection. It is a complex and highly structured, both conscious and unconscious -- both intra-psychic and interpersonal, phenomenon. The gaslighter both requires and needs the gaslightee. The latter serves to transfer content onto another, so that the gaslighter is similar to the paranoia sufferer but is not completely so, in that he externalized the "crazy" ideas. There is a dynamic, genetic core between the gaslighter and gaslightee.

Weinshel and Calef believe that greed is primary in the gaslighter and is an unacceptable feeling. In the gaslightee, insecurity is the primary feeling, based upon the passive genetic and dynamic history and characterology of the gaslightee. The gaslightee demonstrates a spectrum of repudiation, then anger, then uncertainty and doubt, then acceptance, and then fear of loss of a sense of reality and of the resultant possible psychosis. These will vary depending on the inner conflicts and hunger, as Dr. Weinshel describes it, of the gaslightee to accept the role of "crazy."

Elliot L. Markoff, M.D., Reporter

* Training Analyst, San Francisco Psychoanalytic Institute. Director of Training, Mt. Zion Hospital, San Francisco.

** Training Analyst, San Francisco Psychoanalytic Institute.

PSYCHOANALYSIS AND ACADEME

Robert Wallerstein, M.D.*

"Academic psychiatry is presently in a state of great flux," said Dr. Wallerstein, who presently is heading a commission to look into the future of psychiatry. Only a sound bridge (the metaphor of the Leo Rangell meeting) between psychoanalysis and academic psychiatry will secure that future, warned Wallerstein.

So opened a scholarly and thought provoking address by Robert Wallerstein on the status of present day academic psychiatry and psychoanalysis and their all important interrelationships.

In examining the historical basis for this interrelationship, Wallerstein traced the development of psychoanalysis in Europe which was primarily outside of the medical centers. In Europe, psychoanalysis made inroads in the neurological clinics, private practice, the treatment of psychotic patients, and in the establishment of its own research and training centers.

The opposite was true for psychoanalysis in the United States. The medical centers and universities embraced the prominent refugee analysts fleeing Nazi Germany and from 1938 to the 60s department chiefs of psychiatry in the universities were either analysts or deeply committed to psychoanalytic psychiatry. So strong became their power that medical analysts began to divest themselves of their non-medical cohorts and required a M.D. degree for entrance to the analytic institutions.

Wallerstein then went on to review how American psychiatry is founded on a tripod of biological, social and psychological sciences and psychoanalysis formed the basic psychological theory for that portion of the tripod. However academic psychologists do not accept psychoanalysis as a comprehensive theory but view it only as a psychology of conflict and motivation. Also within the ranks of psychoanalysis there exists a major metapsychological debate wherein ego psychology is being challenged by Shaeffer and Peterfreund.

The year 1954 ushered in the beginning of significant changes in psychiatry and to the close interrelationship psychoanalysis enjoyed with psychiatry. Principle causes to

the change were the biological explosion, introduction of psycho-active drugs, competition by Learning Theory and Existentialism to Psychoanalysis, Community Mental Health movement and the influence of social sciences.

Where does that leave psychiatry today?-- with a diversification of psychiatry and a diversity of challenging influences for the treatment of the mentally ill. Also with less oneness of dynamic psychiatry and psychoanalysis. As a result of a multiplicity of options, psychoanalysis is now one of many and not the prime theoretical methodology. Psychoanalysis, Wallerstein emphasized, must be competitive.

Dr. Wallerstein then proceeded to enumerate and discuss the current concerns of academic psychiatry. (1) Remedicalization of psychiatry as a consequence of the explosion of biological knowledge. (2) Psychoactive drugs as a psychotherapeutic modality. (3) Learning theory and Existential (Humanistic) theory as competitive theories to psychoanalysis as the prevailing general psychological theory. (4) Community Mental Health Center movements as a source of political power and fund raising. (5) Social Sciences influence on psychiatry and psychoanalysis as exemplified by models of Crisis Therapy and Role Playing.

What is the implication of the remedicalization of psychiatry? Principally, the biological part of the tripod is of greater importance today and it is up to the psychosocial aspects to better integrate with the biological. He stated this is best achieved academically if medical psychiatry and the behavioral sciences come under the umbrella of a Department of Psychiatry and psychoanalysis is linked to the behavioral science in this department.

Wallerstein stresses it is reductionistic to regard biological research as the basic research and emphasizes that applied research and basic research compliment each other with the tripod principle of psychiatry.

He closed his address drawing attention to the fact that psychotherapy, the central clinical activity of academic psychiatry, is being challenged by less professional and non-medical movements. He sees a significant danger in these "helping movements" as undermining dynamic psychiatry through their anti-intellectual and anti-professional and anti-scientific stance.

Jona A. Perlmutter, M.D., Reporter

*Professor and Chairman, Department of Psychiatry, University of California at San Francisco and Chief of Psychiatry at Mt. Zion Hospital, San Francisco, CA Training Analyst, San Francisco Psychoanalytic Institute.

THE "DYNAMIC" OF DYNAMIC PSYCHIATRY:
THE ROLE OF PSYCHOANALYTIC THEORY
IN THE FUTURE OF PSYCHIATRY

Leo Rangell, M.D.

Leo Rangell's presentations were the highlights of the meetings. He gave two formal presentations. They were so meaty and condensed that I shall only give a few ideas and impressions from the first one. Fortunately both are recorded on tape and are available for those interested in more careful study.

Dr. Rangell addressed the important "Golden Gate Bridge" - the bridge between psychoanalysis and psychiatry. The dynamics of Dynamic Psychiatry are about fifty years of age at this point. Dr. Rangell wrote a paper twenty-five years ago entitled "Similarities and Differences Between Psychoanalysis and Dynamic Psychiatry."

He has been asked to give a twenty-five year follow up on the original paper. He feels that today many of the goals, methods and problems to be faced are common to both disciplines. The dynamic of Dynamic Psychiatry arose directly from psychoanalysis. Their common interests have held them together.

He expressed concern that even in face of the fact that psychoanalysis changed the climate of the American culture, that interest in dynamics seems to be declining. The peak of hope and expectations that psychoanalysis had unlimited answers occurred after World War Two. He indicated that it is ironic that twenty to thirty million individuals in the United States are known to be in need to psychiatric help while at the same time desirability of the existence of psychiatry as a specialty is being questioned in some quarters.

Psychoanalysis has a more specific and limited emphasis whereas psychiatry covers the biological and psychical factors involved in a broad range of problems from the severely ill to social ills. Psychoanalytic theory has been under constant attack both from outside and inside the field. In the past few years there have been arguments against the entire metapsychological structure as a unit, by serious students of psychoanalysis. The argument runs as follows.

According to Dr. George Klein, chief proponent of this point of view, there are two theories not one. He feels that they should be separated and kept

apart. Clinical theory derived from what can actually be observed and interpreted in the clinical situation should be distinguished from the larger metapsychological theory. ...he feels that explanations purporting to give the answer to "how," when clinical analysis can only give glimpses into the "why," are inappropriate to derive from and attach to dynamic therapy. Klein also feels that the inclusion of Freud's mechanistic ideas has a dehumanizing tendency for the treatment process. Schafer has suggested replacing the metapsychological theory as a whole by his action theory. Gill, Holt, Holzman and others have spoken of a "crisis in metapsychology."

Rappaport, Menninger, Rubinstein, Wallerstein and Anna Freud are among those feeling that the theory is essential to clinical work and favor a unified approach.

Dr. Rangell proposed first that Freud's metapsychology, which was based on an organic basis, encompassed the total observable facts of the time. This was added onto over his lifetime, long after he had broken into a more purely psychological mold. It was not born out of previous theory but was a new whole. Secondly, the fact that certain theoretical concepts such as forces, energies, directions or even castration anxiety can't be proven clinically, does not mean that they are not of immeasurable help in clinical technique. Third, the natural science aspects of psychoanalytic theory are not only helpful in bridging to other scientific disciplines but are actually helpful in clinical situations. Clinical formulations and interventions may be fashioned from dynamic or structural or even economic points of view.

Freud continually stressed a link to biology. He attempted to connect the psychological and neurologic aspects of human function in the "Project." The theory of stress-induced discharge of neurons connected with findings in hypnosis and later auto-hypnosis led to work with free-association and his ultimate necessary break with organic moorings. However, he felt that ultimately the "how" could be explained by scientific advances in the organic area and the reuniting of both approaches. Some of the many references to constitutional and organic substrates that appeared in Freud's works were mentioned.

In a discussion of psychosomatic medicine Dr. Rangell feels that the greatest mystery of human science is presently found in the

"synapse between idea and affect or between mind and body." Some of Freud's neuropsychological formulations expressed in the Project later became the basis of his metapsychology. There is a difference of opinion as to whether the "universals of human meaning" can ever be joined with the "universals of human science." Gill doubts it, while Pribram is optimistic that collaborative research between brain and behavior can be meaningful.

Dr. Rangell believes that it is imperative to include both. Seymour Kety was quoted that there can be a chemistry of memories but not of specific memory. The biology of depression cannot replace the psychology of mourning. The fallacy of reductionism must be avoided. One must be careful in translating theory into therapy. Drugs for the mind may or may not facilitate therapy. Aging may be an organic or dynamic problem or most likely a combination of both processes.

Custom and fashion often play an important part in treatment at the border between brain and behavior. Short cuts that overlook the dynamic aspects may return us to the organic bias from prior times.

The question of a unified theory of affect and behavior as well as a unified theory of anxiety was mentioned. The wide variety of affects make one theory difficult but he feels that we should strive for that goal. A complete theory of affects and a larger theory of behavior is not possible at this time. Unity of diverse forces and their specific understandings are needed for this task. He then made the surprising statement that "psychiatry may be in a better position than psychoanalysis to accomplish this task of integration."

Next he turned to studies of the more disturbed cases. The narcissistic and borderline cases are often seen to be in the fold of psychotherapy but actually he is convinced that these problems do not require new or different metapsychological theory. Borderline cases have from the start been part of the clinical cases from which early psychoanalytic theory was built e.g. the Wolf Man and other classic cases who required hospitalization. He feels that clinical observations of today do not disprove early theory. Understanding of pregenital pathology from borderline or psychotic patients, or from child psychoanalysis, developmental studies or behavioral data deepen and broaden perspective but do not disprove early theory.

He stressed that dynamic psychiatry is a science of the individual. Any complete metapsychological theory would have to include action theory and object relations theory. The psyche would be in the center with the biological on one hand and the environmental on the other.

Some of the crucial issues of dynamic psychiatry were mentioned such as the responsible handling of the transference and the neutral role of the analyst. It is essential to observe and explore but to let the patient arrive at the conclusions and make the decisions. Est, for example, offers a popular authoritarian approach for the patient. Adventures into forensic psychiatry have often placed the psychiatrist against psychiatrist in an awkward adversary role and recently had contributed to a decline in respect for our field in some circles.

Another misunderstanding is related to patient responsibility for his own acts. The fact that unconscious motivation for an act can be uncovered does not remove the individual's responsibility for the action, affect or defense.

The last item of the presentation was a stressing of the assumption that dynamic psychiatry should always stand squarely on a rational basis. New fad therapies will come and go. Many rest on irrational and mystical bases and will receive strong public support. Some alternate approaches contend that the psychoanalytic approach through its attempt at objectivity tends to be dehumanizing for the patient. Objectivity is essential for continued growth and development of new scientifically-based theory and practice. Dynamic psychiatry can branch out to education, child development, society, etc., if it has a sound dynamic theory combined with the biological and sociological frame. As theory and clinical experience develop there can be shift from eclecticism to a unified approach.

Richard G. Johnson, M.D., Reporter

BRIDGING BRIDGES

Leo Rangell, M.D.

In his second talk, Dr. Rangell spoke extemporaneously commenting on the papers delivered at the Symposium, and, most significantly for me, delivering an impassioned commentary on contemporary psychoanalysis.

Surveying his long clinical experience, Dr. Rangell boldly asserted that borderline patients usually present with "oedipal" problems and that as the analyses of such patients progress, the basic preoedipal pathology is also primarily expressed through "oedipal" imagery and conflicts. This observation on the borderline patient buttresses a broader conclusion and emphasis which Dr. Rangell reiterates throughout his remarks, namely, that conflict is the *raison d'etre* of psychoanalysis.

For Dr. Rangell, the conflictual triangular relations of the oedipal period are the modes of expression for both oedipal and preoedipal pathology. He then proceeds to grapple with a very difficult question in cognitive development. Both object constancy, firm memory traces, and especially verbalization all reach full development during the oedipal period, and so the question of how preoedipal traumas are recorded in the mind becomes intriguing. Dr. Rangell hypothesizes that, for example, in the instance of a defective mother-child relationship during the early years of life, the intrapsychic "forerunners" of the problem exist preoedipally, but it is during the rapid cognitive and interpersonal changes of the oedipal period that the earlier problem is given its sense of meaning, in a verbal way, intrapsychically.

Dr. Rangell draws on the work of Eleanor Galenson who demonstrates genitality as an oedipal forerunner occurring in the second year of life. In this area of research we are all groping but the emphasis which Dr. Rangell places on the data at hand is that recording of conflictual relationships begins much earlier in life than was previously thought, excluding Kleinian analysts, and that the oedipus complex and the changes occurring in the life of the child at that time serve as a "primary organizer" in development and is at the center of what we have come to call the "infantile neurosis." Dr. Rangell differentiated this view from that of Kleinian analysts who, according to him, view the "core" of the psychopathological experience as psychotic. Again, his view is that even if psychotic problems exist, they tend to be organized around an oedipal "core."

The main conclusion which Dr. Rangell argues in both an impassioned and painstaking manner is that conflict, including conflicting parts of the self, is the essence of psychoanalysis. He next turns his attention to the latest version of an age old debate in psychoanalysis, namely, "conflict versus deficiency," in this case Kernberg versus Kohut. By way of introduction, he pointed out that when psychoanalysts entered the medical scene they emphasized that the human body also had a psyche, and this emphasis in turn led to a humanization of medicine and also introduced humanism into psychology. Dr. Rangell raised an interesting point when he cautioned that humanism may go too far and lead to a penchant for holism which causes clinicians to not see what he believes to be the basic conflictual nature of psychopathology and leads them to overstress the idea of a "deficiency." It is the next step in this chain of thought which causes the greatest difficulties in our field, according to Dr. Rangell, for once a deficiency model is adopted the task of therapy often is conceptualized as a filling in of the deficiency to compensate for what was lost or supposedly not experienced in the past.

For example, Dr. Rangell notes that Heinz Kohut, in his first book The Analysis of the Self, presents his views concerning narcissism and self-cohesion in theoretical terms which seem to recognize a central clinical role for conflict. Dr. Rangell then draws attention to Dr. Kohut's latest work, The Restoration of the Self, in which Dr. Rangell believes that Dr. Kohut emphasizes a "holistic" approach which greatly diminishes the role of conflict. Indeed Dr. Rangell believes that Dr. Kohut is heading in a direction similar to that of Erik Erikson whose concept of "Ego-Identity," while extremely valuable to social scientists, has proved almost useless in the consulting room.

Unfortunately, as his time drew to a close, Dr. Rangell had only a few moments to comment on his latest work which concerns the recent upheaval in American society, the Watergate scandal. I recommend to the reader a paper entitled "Lessons from Watergate. A Derivative for Psychoanalysis" by Dr. Rangell and printed in the Psychoanalytic Quarterly, XLV, 1976. As Dr. Rangell noted, he had absorbed himself in the Watergate process as it unfolded, and in a sense the issue became "my patient." He is also in the final stages of writing a book on the subject.

Dr. Rangell's thesis is that a group sickness was temporarily covered over when Richard Nixon left office, for the American people were deluding themselves into believing that the removal of a corrupt leader represented

the end of a problem. The problem is corruption in society at all levels, government, business, academia, and in a complementary way within each individual. Dr. Rangell labelled this behavior as a syndrome, calling it the compromise of integrity, and he considers it the price of a burgeoning civilization. He raises and leaves open the question of whether the American civilization is on a decline similar to that of Rome.

Dr. Rangell traces the intimate relationship between Richard Nixon and the American people over two decades. I offer some quotes from his paper.

The major Nixon mechanism which turned a small minority into what became known as 'Nixon haters' but which drew him to the majority he always needed was the two (or more) faces of Nixon. There was a deep identification with this psychic trait...The ambivalent attraction felt toward him mirrored the ambivalent look for an individual into himself. The ability to change faces as the weather changed, to come out with contradictory behavior without a trace of conflict is a wish but not a capacity generally attained.

Dr. Rangell maintains that the gratification of this wish by Nixon allowed the public to vicariously experience its gratification also.

Dr. Rangell continued that what was lost during Watergate was "sincerity," that sincerity is a measure of the distance between inner and outer dialogues, that there is an ongoing tension between these two levels of dialogue in every human being, and "the degree and quality of the connections between them determined largely by the strength or weaknesses of the superego is a measure of a man. The traits of Nixon offered surcease from this tiring work."

I found Dr. Rangell's comments thought provoking. At times he cajoles, at times he aggravates, and usually he eloquently stimulates. His is a mind in action and one which offers no easy "surcease from this tiring work" of thinking.

Raymond J. Friedman, M.D., Reporter

CONVERSATION IN CORONADO

Martin Grotjahn, M.D.

A friend asked me in Coronado: "How do you like the meeting? and I answered: Well....I am not a philosopher. I am and try to be a clinical observer, devoted to observational research.

"Nowadays this is not enough." It is enough for me. I used to have philosophical inclinations - and I fought them.

"Freud, Erikson, Marcuse are all philosophers and theoreticians." Not really - Freud called metapsychology our mythology. He liked to keep it to an absolute minimum.

"Further progress in psychoanalysis rests on a unifying theory." Do you REALLY think so? Do you really think we need a "unifying theory" to understand schizophrenia? Or to help people in their fight against neurotic suffering? Theory and philosophy come in our profession later - not at the beginning.

Editor's Note. Presented at the Fall meeting of the Southern California Psychiatric Society in association with the Psychoanalytic Societies of Southern California, Los Angeles, Denver, Seattle, San Francisco and San Diego.

THE CHICAGO CONFERENCE ON THE
PSYCHOLOGY OF THE SELF
October 13-15, 1978

The meeting was attended by 340 individuals who paid \$200 for the conference, about thirty presenters and discussants, and about thirty people who were granted scholarships. The fee included excellent accommodations for meeting rooms, coffee and rolls each morning and two very fine luncheons and a dinner.

Representation was obviously mostly from Chicago, but there was a sizable contingent from Boston, Cincinnati and Canada. There were fifteen or more people from the Los Angeles area. Probably the largest group came because of their familiarity with the psychology of the self through Dr. Bernard Brandchaft's seminars. This included analysts and clinical associates from both the Southern California Psychoanalytic Institute and the Los Angeles Psychoanalytic Institute. In addition, there were two residents from UCLA who came because of participation in a seminar with Dr. Lars Lofgren. Participants from Los Angeles included Drs. Morton and Estelle Shane who presented a paper, and Dr. Lars Lofgren who was a discussant of a paper.

The Friday morning presentation was entitled "Self Psychology -- a Concept of Health," delivered by Dr. Paul Ornstein of Cincinnati. This was a very good review of the development of self psychology and a survey of various ideas of psychological health. Dr. Lofgren discussed this paper and I thought did an excellent job amplifying concepts of health in the self psychology approach. He particularly pointed out that we need new models to replace models from 19th century physics and more psychological words to replace biological words. Robert Stolorow, Ph.D. is a psychologist from New York who has written a number of articles on self psychology including two articles in the most recent edition of the International Review of Psychoanalysis. He seems to be an extremely bright man and his discussion was stimulating. I am not going into any content here because it was basically a review of self psychology and the development of these concepts through Dr. Kohut's work.

Following the Friday morning symposium there were a number of simultaneous workshops. I attended a workshop on "The Freudian Concept of Health and Its Modification by Self Psychology," moderated by Dr. Leo Sadow, training analyst from Chicago. There was a stimulating discussion, and the differences concepts of drive and conflict theory, and the self psychology theories were discussed. The self psychology theory focuses on developmental deficiency as brought out in the narcissistic or self-object transferences. Dr. Sadow first made a prepared presentation lasting about fifteen minutes which was followed by a lively discussion among the forty or so participants.

Friday afternoon there was a panel discussion on the topic "Does the Psychology of the Self Narrow the Gap Between Psychoanalysis and the Other Sciences of Man?" In this symposium Dr. Kohut along with five others, presented concepts relating to culture, psychohistory, the self of the artist, religion, and some ideas on the Middle East conflict, especially the character of the Arab male -- all looked at from the point of view of self psychology. Dr. Kohut spoke for about ten minutes as an introduction and each of the five participants spoke ten to fifteen minutes. Dr. Kohut then summed up in another ten minute presentation. This area does not hold great clinical interest for psychoanalysis, but rather interests of a broader nature.

At a dinner meeting the first evening, Dr. Kohut was presented with honorary membership in the Michael Reese Hospital, Department of Psychiatry. His comments that night were anecdotal and brief. He spoke about his early life and gaining recognition from his father. It was rather moving and not "narcissistic" at all, but a presentation in which the listener felt moved by Dr. Kohut's feelings.

The next day, Saturday, October 14, seemed to be the highlight of the conference. In the morning, there was a paper by Dr. Evelyn Schwaber, an analyst from Boston, on "Self Psychology and the Concept of Psychopathology: A Case Presentation." This was a beautiful paper which was very well written. I have always found it rare that a clinical case could be written up to bring out the major feelings going on in the analytic work as well as some of the transference and countertransference aspects. Dr. Schwaber did this quite well, and she was heartily applauded for her work.

There was a discussion by Sheldon Bach, Ph.D., from New York, who gave a more intellectual yet interesting discussion, broadening some of the concepts that Dr. Schwaber had presented which were more narrow and clinical. Dr. Miles Shore of the Massachusetts Mental Health Center also spoke and he applied some of these ideas to an approach to group phenomena.

Dr. Schwaber made a particularly telling point in her few minutes of summing up when she said, in a response to a question about the development of object love, that perhaps analysts have to be aware that for some people, creative development of the self may be of more significance than development of object relations. Certainly, it is a rather different idea and makes one think. She also remarked that recognizing the patient is more important than teaching or curing the patient. She discussed interpretations that were not dealing with the patient's material and were therefore a failure, and suggested that we had to listen to the patient more carefully and not introduce the analyst's ideas on psychoanalysis into the treatment.

The morning workshop moderated by Dr. Paul Tolpin, a training analyst from Chicago, was the outstanding workshop I attended. The topic was "The Borderline Personality: Its Makeup, Its Analyzability." There was a lively discussion focused on Kohut's concept that the borderline personality is not analyzable because of the lack of cohesive self or that the cohesive self is not yet a formed structure. A narcissistic personality disorder, however, does have a cohesive self although it may be overlaid by defensive features. A number of participants tried to bring out the idea that perhaps it was more of a continuum instead of a fine point at which one person is analyzable and another is not.

After lunch on Saturday, October 14th, Dr. Shane presented his paper on "Psychoanalytic Developmental Psychology: An Integration of Theories" previously presented in Los Angeles, dealing with the attempt to bring together the ideas of self psychology and the work of Margaret Mahler. There was a discussion of Dr. Treurniet, a Dutch psychoanalyst, who felt strongly that Freudian drive theory should not be abandoned, but that self psychology should be added to and be another dimension in the basic Freudian metapsychology and conflict and defense theory.

In very strong contra-distinction, Dr. Marian Tolpin, also a training analyst from Chicago as well as a child analyst, felt emphatically that it was not possible to bring self psychology and Mahler's work together. She stated that the developmental theory of Mahler fits in with the concepts of structural theory, drive theory and conflict theory which includes the work of Melanie Klein and others, and was not valuable in looking at child development from the self psychology point of view. She felt that in self psychology conceptualization there is a baby that has self-objects to help in its development and that child development can not be conceptualized in terms of conflict leading to separateness. She was quite direct in stating that there was a definite division between the usual Freudian concepts as interpreted by some psychoanalysts doing developmental studies such as Margaret Mahler, and the ideas of self psychology.

Dr. Tolpin pointed out that Mahler is studying a baby that is going to become independent and separate and individuate, whereas the ideas of self psychology would indicate that what has to be studied is the way in which self objects are dealt with throughout life. In other words, the point of view of Mahler is for separation and independence whereas the point of view of the psychology of the self is that of a type of object relationship which always contains certain elements of dependence and is exemplified in the use of the term 'self object.'

I attended another workshop moderated by Dr. Michael F. Basch who is also a training analyst in Chicago and has written extensively on the problems of Freudian metapsychology. His topic was "Psychology of the Self and Freud's Metapsychology: Separation or Integration?". He presented a short paper which was quite provocative and fascinating in that he felt that metapsychology was not valuable in the attempt to understand motive and meaning. He stated that Freud had used a neurological model with mild modifications and it is not appropriate to what we are trying to do in psychoanalysis. It was interesting that Basch felt that the Oedipus complex could be one of the significant way stations in the development of the self and in that sense was not throwing it out, but seeing it from a different point of view. Dr. Treurniet was in this workshop and he quite charmingly and without rancor, objected and felt that Dr. Basch's comments were not the way that he thought about psychoanalysis, and instead we could still continue with our Freudian metapsychology and drive and conflict theories. It was interesting to hear Dr. Basch who was able to keep calm in his lively discussion. He maintained his position without expressing hostility and there was a useful interchange of ideas for the workshop members to think about.

Sunday morning, October 15th, the Symposium V was on "Psychoanalysis of the Self and Psychotherapy." The speaker was Jacques M. Palaci who is a member of the French Psychoanalytic Association. Dr. Palaci presented quite an interesting review with inclusion of many contributions to psychoanalysis which have led to some of the present ideas on self psychology and ideas concerning psychotherapy. I believe his main thesis was that psychology of the self offers a special capacity to understand a psychotherapeutic process. This suggests that aside from the psychoanalytic approach with its definite reliance on development of transference and systematic interpretation of transference, in a less rigorous therapy, the recognition of self-object transferences and the ability to point out with empathy the patient's disappointments in their life could set a therapeutic process in motion. There were two discussants. The first was Richard C. Robertiello, M.D. from New York. He vociferously discussed the problems many psychoanalysts experienced, including himself, in working with patients until the more recent understanding of the narcissistic disorders and of self psychology. He felt that the psychoanalytic establishment, as he referred to it, had been maintaining a fiction that good neurotic analyzable cases existed and that it was just that, a fiction.

Dr. Nathaniel London, M.D., who is a training analyst from the Chicago Institute working in Minnesota, gave a very balanced talk on aspects of psychotherapy and

interestingly brought in the influence of Heinz Hartmann. As he pointed out, Hartmann's first efforts in ideas of education in 1939 were thought of as revolutionary. Hartmann was also the first analyst who described self representations. Dr. London felt that Dr. Kohut's work followed from the ego psychologists and especially from Hartmann and structural theory, and so London believes that one can see a continuous line of development and not such a difference between the two -- the ego psychologists and the self psychologists.

The related workshops included the one I attended moderated by Dr. Arnold Goldberg, a training analyst from Chicago, which was entitled "Choice of Treatment in Narcissistic Disorders." There was a good discussion here about psychotherapy versus psychoanalysis, particularly from the point of view of self psychology. It seemed to me that this rather familiar type of discussion in psychoanalytic circles boiled down to the usual stated ideas, namely that psychoanalysis is a more definitive and systematic interpretation of the transference. Many of the workshop participants felt that the development of transference, particularly narcissistic or self-object transferences do occur in psychotherapy and can be interpreted and perhaps even done so with significant structural change, particularly using the concepts of self psychology. Dr. Paul Ornstein, who has written extensively on self psychology, seemed to express this latter view.

Following these workshops there was a luncheon and Alex H. Kaplan, M.D., the president of the American Psychoanalytic Association, spoke for a short while pointing out the importance of this kind of conference and the feeling that perhaps it has only been in the last eight or nine years, with the new developments in psychoanalysis including the psychology of the self, that there has been a resurgence of interest in psychoanalytic training. He felt that there have been increased numbers of candidates going into training in institutions recognized by the American Psychoanalytic Association. He claimed that the number of candidates going into training remained rather stable in the '60s at about 1000, but started to increase by as much as 30% in the 70s to 1300. This was surprising information to me.

After lunch, the final Symposium was entitled "Concluding Remarks and Future Directions." Dr. Kohut summed up the conference in a one-hour extemporaneous talk. There was an interesting by-play between Dr. Morton Shane and Dr. Kohut about the whole question of trying to integrate the work of different individuals such as the Shane's attempt with Mahler's work and Kohut's work. Dr. Kohut felt that this was difficult because of different perspectives but he made it clear that he did not want to discourage such attempts. Dr. Shane suggested that one way to look at Mahler's work was the ideas of "the

development of phase specific self-object relationships" and this seemed to be an interesting, bridging concept.

My impression was that although Dr. Kohut is obviously the leading figure in self psychology, that the people involved in this work are taking great pains to make sure that others are able to express their ideas and differences of opinion. As an example, Dr. Michael F. Basch has written extensively about the problems of metapsychology which is a continuation of the work of George Klein. And yet, he sees the significance of the Oedipus complex, not as a nuclear conflict, but as part of self development. Dr. Nathaniel London sees the work of the self psychologists as a continuation of the path laid down by Heinz Hartmann. Dr. Treurniet, the Dutch psychoanalyst, obviously feels that self psychology can exist side by side with Freudian metapsychology, and drive and conflict theory. Drs. Morton and Estelle Shane feel that the work of Kohut and of Mahler might possibly be integrated. It was interesting to see the great diversity of thought and yet the wish to keep the situation quite open. One can see the development of Kohut's ideas in his written work with evidence of great change reflected from his first publications on the subject in 1966 to his Restoration of the Self in 1977.

This was an exciting, well organized conference with many interesting papers. The danger, as always with any new ideas in psychoanalysis, is that the ideas will be tested against a standard of orthodoxy. Another danger is that it will be seen as the development of one person and then the broad scientific implication will be lost and we shall once again have a special school and adherents.

Self psychology seems to lend itself to clinical evaluation. In other words, some of the ideas can be tested in the consultation room and the psychoanalyst can observe what develops. Psychoanalysts are supposed to continue self analysis, particularly stimulated by the work they are doing with their patients. Is the double meaning of 'self' analysis important here, meaning 'self' psychology and one's own "self?" Many psychoanalysts feel that the ideas of self psychology seem to have relevance to themselves as well as to their patients and perhaps this is another way in which the dedicated, serious psychoanalyst can continue his/her own personal self analysis.

Arthur Malin, M.D., Reporter

COMMENTS

Raymond J. Friedman, M.D.

I recently attended a meeting entitled "The Psychology of the Self" sponsored by the Chicago Psychoanalytic Institute, which presented Dr. Kohut's updated formulations. I previously read The Analysis of the Self and found several of Dr. Kohut's contributions valuable. For example, the emphasis placed on "mirroring" led me to notice this process in my patients to a greater degree and to see that periods of uninterrupted mirroring did have compensatory and curative value for my patients. The emphasis on the normal development of narcissism and the idea that healthy narcissism exists in each of us was helpful to me in my work. I also appreciated Dr. Kohut's careful descriptions of the idealized parent imago and the grandiose self, although I did not find these to be new contributions but rather an American version of what I had previously learned.

Quite frankly, I was deeply disappointed by the Chicago meeting. For example, when I left I could not stop thinking about, first, a case which had been presented and, second, some remarks of Dr. Kohut's which were repeated over the course of several days by him.

The case in point was that of a twenty-two year old man treated by a young, attractive female analyst who, in her presentation, beautifully outlined the mother transference and particularly the problems of self-cohesion which the analyst and patient partially resolved. Two issues about the case troubled me. First, there was a total absence of sexuality. No erotic dreams were reported. No masturbatory fantasies were noted. My second and more profound concern was with the termination of the case. The patient, who wore a page beeper during his analytic hours, also had a wish to be stung by a bee (symbolic of mother for him). There was no discussion of the beeper in the analysis. When he announced his intention to leave analysis and move to a distant city in order to finally pursue a career for which he had been freed by the analysis to engage in, the move was hailed as an accomplishment, and it was argued that this accomplishment signified the end of a completed analysis. The analyst admitted that her initial response was to say to the patient, "No, don't go," but after receiving some "supervision" she realized this was a "countertransference problem."

I was also concerned by Dr. Kohut's remarks which centered around the question of termination of analysis. In his closing comments at the end of the conference, he remarked that each individual finds his own form of health to which he becomes "addicted," noting that if one can form a direct line between one's idealized goals and actual achievements one can gain a large measure of health, and this in turn forms the health to which one becomes "addicted." While I do not disagree with this observation and certainly do not disagree with the idea that a certain amount of narcissism is healthy, I find myself increasingly troubled by the emphasis these analysts place on narcissism and especially the idea that we a "bathed with self-objects" from birth to death and that this emersion is sufficient to sustain us. My intellectual objection is that this forms a view of man as basically narcissistic and not, in a basic way, needing to relate to other people. My emotional reaction at this conference was in the same direction and much stronger. In particular, these individuals overstressed the role of love, both self-love and love of the other, although they actually mean love of the other's love of himself, and they decidedly neglect object love, conflict, sexuality, and aggression. I left Chicago feeling that I had been to a "love-in" and that I was not supposed to mention hate or sex. I believe this feeling I experienced was well articulated by Dr. Rangell in his comments concerning Dr. Kohut and the holism which he has drifted toward in his later work.

A CRITIQUE OF 'ACTION LANGUAGE'

David Rubinfine, M.D.

Dr. Rubinfine presented a paper, the strategy of which was to critique Schafer's "Action Language." The discussion, however, provided an excellent basis to continue to examine and discuss some of the major considerations of theory and philosophy currently confronting psychoanalysis. In this respect, Dr. Rubinfine's effort provided for a most stimulating evening. Indeed, the discussion of the paper by Drs. Aronson and Shane also proved quite noteworthy. The paper itself touches upon so many complex issues that one finds oneself wanting to turn in detail for comment first to one issue and then another. So, let us first summarize the major points that Dr. Rubinfine made, and then comment upon a few of the most central ideas as touched upon in the discussion.

Dr. Rubinfine began with criticism of Schafer's failure to maintain the notion of the clinical-historical principles of psychic continuity and determinism. He accused Schafer of a pursuit of Sartre's existentialism and the psychic determinism of the unconscious (and conscious) mental life. Dr. Rubinfine states that Schafer elevates the "reality principle" to superordinate status. He compares Schafer's tone to the patient to Sartre's exhortative sermons on responsibility and reality. Rubinfine then turns (in our opinion) to the major issues of agency, responsibility, determinism versus freedom of choice, and the genetic fallacy as the issues with which to confront Schafer.

Rubinfine chooses to refute Schafer's efforts to avoid the effects of scientific reductionism in our present metapsychology by a detailed critique of Schafer in relation to issues of autonomy, meaning, "psychoanalysis without psychodynamics" (forces), instinctual drives and finally, the "I." In his detailed criticism of Schafer's salient points, there was a question for the reviewers, as to whether Schafer's salient meanings were adequately reviewed in terms of their original context. Nevertheless, we shall attempt to describe several of Rubinfine's comments as he made them. In his technique of detailed criticism, although the context, and therefore the meaning was frequently changed, so that one cannot be sure the idea is being criticized fairly in its original usage, we shall give a few of Rubinfine's comments as example as he made them. To begin with, Rubinfine refutes Schafer's criticism of Hartmann's concept of autonomy as implying a self-activating and self-regulatory function.

Rubinfine indicates Hartmann's main intention is to designate a distance from conflict, thereby making the meaning of autonomy a relative one. (Does Rubinfine miss Schafer's major emphasis - namely, his disagreement with psychic reduction as a thing-like entity?) Moreover, Rubinfine states that Schafer claims that the old metapsychology makes meaning a medieval thing is incorrect. "Meaning" to Rubinfine is a fitting into the clinical historical process (by whom - the observer?). In this same direction, Rubinfine disagrees with Schafer's contention that the old physicalistic metapsychology must lead to an 'I-as-agent,' as a homunculus in the machine. Rubinfine summarily discusses this crucial consideration which lies close to the foundation of all of Schafer's criticism of the classic metapsychology by saying "There is no need for an 'I' in the machine." (For a more comprehensive discussion, please see Saperstein and Gaines, 1973. Int. Jour. Ps.)

Rubinfine's discussion continued in turning his attention to the definition of action, and its relationship to structure, resistance, and internalization. Rubinfine expresses his criticism of Schafer's extension of the meaning of action to encompass all aspects of behavior. He notes the lack of differentiation between "being" and "becoming," and finally notes that an organization or state is not an action. Furthermore, in discussing the idea of resistance, we see Rubinfine negating Schafer's idea of resistance as a counteraction of the 'person.' In so doing, he fell back on the fact that Schafer's view cannot explain infantile mental life with its primitive defenses. Here again we think he misses Schafer's major attempt to relate motive and resistance to intentions of the 'person,' no matter how infantile. We would emphasize that both Schafer and Rubinfine seem to lack the concept of "self" as necessary for the resolution of this issue.

The paper at this point becomes a web of sarcastic comments centering around Schafer's attempts at incorporating his ideas of a non-reductive, nonphysicalistic metapsychology into verbs and adverbs. We must say that we find this method of Schafer's presenting his ideas as somewhat tedious ourselves, and like many "artificial" languages, it does not take into consideration one's use of language long before we make interpretations to patients.

Rubinfine approaches Schafer's work on all structures in the same negative fashion. He, in our opinion, does have validity for criticizing Schafer's seeming neglect of 'things' (biological entities). However, we are afraid that he either misses or distorts the nexus of Schafer's alternative metapsychology - the description of the humanistic theoretical form of functioning (action) - excluding Newtonian-Cartesian dynamics, and including such specifically human qualities as self-conscious agency and meaning.

The paper concludes with a few vignettes to compare Schafer's mode of explanation with the metapsychological one of id and defense. Lastly, Rubinfine makes a final point, that to delete psychodynamics from psychoanalysis as Schafer would have us do leaves us vulnerable to looking at our patients from a moral perspective involving a matter of will, including blame, responsibility, and self-deception.

The first and major discussion of Dr. Rubinfine's paper was made by Dr. Gerald Aronson, who presented an entertaining, as well as very erudite elucidation of the issues involved. He clarified Schafer's objection to the Freudian metapsychology of forces, structures and energy of the natural science ideals of the time. His objections dealt mainly with the metapsychology's failure to deal with the human agent, with the attendant qualities such as intentions and choices. Schafer though his alternative metapsychology (theory), attempted to put the 'person' squarely in human action as the agent. Schafer's remedy was to use the language of verbs for action, adverbs for modes of action, in his effort to make the metapsychology translate into the human psychoanalytic situation with its consequent interpretations.

Schafer felt that the natural science metapsychology tended to obscure the responsibility of the patient, i.e., at least, that is one use to which it could readily be put. Schafer with his alternative semi 'made up language' wished to lessen this obfuscation of responsibility by both the patient and the therapist. Aronson pointed out that Schafer in his dislike of the irresponsibility inherent in physicalistic and biological theory, did however make it appear as if human beings were only active in their actions and self-deception. Aronson points out that human beings are also passively driven by aspects of their being physical-chemical biological entities with an epigenesis.

Finally Aronson returned to the crucial issue of dealing with the problem of the person's activity or passivity in his actions. To put it in another way, man is continually being perceived as either a vitalistic homunculus or a machine-like device.

Dr. Morton Shane, as the final discussant, offered the suggestion of Merton Gill that we confine ourselves to a psychological discourse. In so doing, we should not ask, or we should avoid certain questions, such as how memory is stored, and assume such phenomenon as thresholds. Shane considers Schafer's alternative metapsychology as "lytic" to analysis as we know it. He believes that Schafer aimed almost too low with his metapsychology and does not present enough of the

grand picture as does the classical metapsychology. In his final brief remarks, he indicates that both Schafer and Rubinfine do defend the clinical picture from their separate frames of reference.

The scientific meeting did provide a platform that enriched the discussion of these meaningful issues of current psychoanalysis.

Jerome L. Saperstein, M.D. and Jack Gaines, M.D., Reporters

SCIENTIFIC PROGRAM OF THE
SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY
November 20, 1978

PROCESSES OF CHANGE IN PSYCHOTHERAPY

Mardi J. Horowitz, M.D.

Charles Stone introduced Mardi Horowitz. He is a member of the San Francisco Psychoanalytic Institute, a professor at the University of California at San Francisco, and Director of The Center for the Study of Neurosis. His many publications include: A Cognitive Model of Hallucinations, Cognitive Aspects of Splitting, Stress Response Syndromes, and Hysterical Personality.

This evening centered on a basic outline from his book, to be published in 1979, entitled States of Mind. The outline consists of ten steps in the analysis and microanalysis of a psychotherapy. He became interested in this subject several years ago while summarizing three analytic cases from the six metaphysical points of view, and found the cases ended up sounding like one another. He then developed a system of configurational analysis where the process of change is analyzed from multiple points of view. The ten step system keeps the process organized -- "boxed in" -- and the thinking similar, even though it is used by many therapists. He has applied this to analysis, short term therapy of twelve sessions, and intermediate length therapy. At this stage it is basically a descriptive method but it can be quantified. The analysis of the psychotherapy is done after therapy is completed, and all information known about the process is included in all steps. For example, in step 1 -- list the problems -- all the information from later sessions is included with the initial problems. The first four steps define the condition and the states of the person. Steps 5-7 develop explanatory statements for recurrent patterns in the therapeutic process, and steps 8-10 examine the outcome.

Dr. Horowitz showed many slides explaining the steps and states, defining a state as a description of a recurring pattern or identity of a person, for example, "I'm sad, but working," or "tra-la-la" (I'm not working and denying.). In steps 5-7, the shift from state to state is explained by a therapist intervention. For example, the therapist makes an interpretation that causes a reflection as well as a narcissistic blow, but pushes her from the "tra-la-la state" to the "I'm sad but working state."

Mardi Horowitz feels that a person has many identities or self images, even after the completion of analysis. At completion of therapy, it is the shift or change between the states, not that only one state exists. The discussion was free-flowing and lively. A recurrent question was: How does this system incorporate the fantasies and unconscious? Mardi Horowitz felt that unconscious feelings and motivations were considered in the description of states, and said that he regards fantasy as a behavior. He ended the meeting by suggesting we all try this system on a few of our cases. He felt our intuition would be freed up for subsequent cases.

Doryann Lebe, M.D., Reporter

(Letters to the Editor continued from page 7)

The Mindlin Collection

Dear Dr. Pomer:

On Wednesday afternoon, May 24, 1978, the professional community was invited to the Neuropsychiatric Institute, UCLA Center for the Health Sciences, by Louis Jolyon West, M.D., NPI Director and Chairman of the Department of Psychiatry and Behavioral Sciences, to honor the memory of Eugene Pumpian-Mindlin, M.D. his friend and colleague of many years. It was the publication date of Dr. Mindlin's collected papers entitled, Dimensions of Human Potentiality: The Collected Works of Eugene Pumpian-Mindlin, with a preface by Dr. West. The editor is Michael T. McGuire, M.D., Director of the NPI Biobehavioral Sciences Program. (Published by SP Medical and Scientific Books, Jamaica, New York, \$15.00.)

Dr. Mindlin had bequeathed his professional library to the NPI; his vast collection of books, journals, documents, reprints and memorabilia which he had maintained both in his home and in his office at the NPI. The core collection was organized and on that day, it was officially opened as a special sector of the NPI Professional Staff Library.

Sherry Terzian, M.S.
Director, NPI Mental
Health Information
Service

INSTITUTE NEWS

CLINIC NEWS

The quality of cases for classical psychoanalysis referred to clinical associates could be enhanced by an increase of applications to the clinic. Our own members and clinical associates have constituted over the years our best source of applicants. We hope that everyone will consider if he or she knows of a suitable individual for analysis in our program. We have been most gratified recently in being able to accept for analysis patients who can be seen by some of our beginning analysts in outlying areas. We still could use referrals, however, of patients who could be seen in treatment in areas of the San Gabriel Valley and Camarillo.

Recent experience in the evaluation of patients indicates the need for a roster of members who would be interested in analyzing patients at a reduced clinic fee (\$10 or \$15). An increasing number of patients are evaluated for whom analysis is believed to be the treatment of choice with an experienced analyst. Psychoanalytically-oriented psychotherapy is usually the disposition for financial reasons. Members who would be available could make a tremendous contribution.

I had the pleasure of representing the clinic at the meeting of clinic representatives which took place at the Mid-Winter meeting of the American in New York. Dr. Fred Robbins, Director, and Joy Simon, Chief Social Worker of the Chicago Psychoanalytic Clinic presented information concerning the use of the waiting list as an additional diagnostic aid. Their clinic has a policy of requesting those on the waiting list to check in periodically. On this basis they obtain further information which permits them to better evaluate who is suitable for analysis. A case was presented of an applicant who received high recommendations from respected figures in the community and who made a good initial impression on the committee. Following being accepted for analysis, however, there were instances of destructive acting-out behavior on the part of the patient which caused the committee to reverse its original decision and then recommend her for psychoanalytically-oriented psychotherapy. In the discussion which ensued at the meeting there were questions as to the appropriateness of this disposition. The applicant had suffered from tantalizing relationships in the past where figures that were relied upon, giving promise of being helpful and available, were actually not accessible in a way

which met the patient's needs. It was commented that in the case of this patient, she unconsciously viewed acceptance by the clinic as the commencement of her therapy relationship. Not being able to see her analyst immediately on a regular basis recreated the earlier life situation, and thereby precipitated the acting-out.

In our clinic, we have tended to avoid a waiting list, and feel that the disadvantages of having one clearly outweigh any benefits that might accrue from its use.

Marvin P. Osman, M.D.
Director

EXTENSION DIVISION

This Fall Ruth Aaron taught a course on "Psychoanalytic Psychotherapy" for psychiatrists. Terry Taylor will coordinate courses in this area for Fall 1979. Our Psychoanalysis and Creativity Series: Art (Part II) had a goodly audience. Next year Bud Friend will plan a Fall series on Psychoanalysis and Film. Tom Finkler is coordinator of a potential offering for Marriage and Family Counselors. Gary Chase will be planning a Fall 1979 offering for college students or teachers. Alan Blanc will coordinate Fall 1979 courses for nurses.

Our Spring courses for psychologists and social workers are again coordinated by Elliott Markoff. Our offerings: "Humanistic Currents in Psychoanalysis" (Anshin), "Psychoanalytic Utilization of Dreams in Psychotherapy" (Blanc), "The Borderline Personality" (B. Brickman), "Analytic Perspectives in Psychosomatic Medicine" (Dunn), "An Introduction to Ego Psychology" (Hochman), "Object Relations Theory" (Kettler), "Psychoanalytic View of Adolescent Group Therapy" (Lustig and Connie Litman, M.S.W.), "Fighting the Cruel Conscience" (Paul), "Recent Contributions in Child Development" (Rosenstein), "Practical Perspectives in Work with Severe Emotional Problems" (Turkel and Florence Blau-stein, M.S.W.), "Psychodynamics of Depression" (Warick), and "Narcissistic Personality Disorders" (Wandler).

Volunteers are welcome!

Roman N. Anshin, M.D.
Director

REGULAR FEATURES

PSYCHOANALYSIS AND THE LAW

Malvin Braverman, M.D.

For the psychoanalyst examining the system of American law, one of the most interesting aspects of that law is the in-built understanding, declared or subsumed, that contention is necessary to the search for truth. It has in fact been stated that it is "more than a coincidence that liberty has best thrived in that part of the world where procedure has been litigious and contentious rather than officious and inquisitorial." Since this aspect of the law is of such tremendous importance, it would appear valuable to examine another system of serving the law to determine whether indeed this adherence to contention serves the purposes of justness and fairness adequately. It has been noted, for example, that "liberty (and truth) may have survived in this country despite rather than because" of contention. Contention, historically, may mask and serve absolutism and authoritative approaches may, on the other hand, serve the cause of liberalism. This may be examined more fully by reading Hacker, On Aggression. It was Pound, oft quoted, (not a disaffected European) who referred to the adversary system as a "game" with the judge as "umpire," rather than authority, making it indeed a "lawyer's game" rather than a "justice game." How clearly does this appear to reflect the terror before age and authority in contrast to reliance on youth, which offers, I guess, among other things some greater possibility of a graft. It emerges, as the problem is carefully examined, that the crucial difference between the American and other systems rests with the position of the judge. In Austria, for example, the judge examines the pleadings before the trial and endeavors to support a "right" solution, even though there might have appeared to be a failure on the part of one or both advocates. Further, it is the judge, prior to the trial, who actively seeks to remedy any lack of evidence or background data. The judge then presents a "decree of evidence," listing the complaints and announcing the admissibility of evidence in support of these complaints. This results in a tremendous abbreviation of the length of the trial and puts a much heavier burden upon judge and lawyers rather than placing the burden on the emotional sensibilities of the jury. In the jury system the judge is present as a monitor of procedure rather than as an integral of that procedure. Of particular meaningfulness to the question of fairness, the witnesses called up (in the Austrian system) are witnesses of the court, with permission by the attorneys to cross-examine within the limits of strict relevance, rather than according to the "purse-net" approach that appears to characterize all too frequently the American system of direct- and cross-examination. The Austrian judge does

not appear bound to the apparent rules of response by witnesses in the American court to "black and white" answers, but permits and may rely upon, to a significant degree, narrative or free opinion types of response. Certainly, there are aspects of the Austrian system that raise large questions, including, of course, whether there were elements in that system that made it so easy to accommodate to the teachings of the Third Reich. Likewise, one must raise the criticism of the American law that it has been perhaps too deeply imbued with the worth of its liberal contention, not yet having discovered that such contention results in illogic and arbitrariness, more rigid and encrusted, than formal reliance on authority.

CLINICAL ASSOCIATES

Jeffrey L. Drezner, M.D.

Shortly before the last issue of this Bulletin appeared, the Education Committee voted to accept the proposal that appeared in this column. That is, that the seminar leaders' evaluations of clinical associates should be given directly to the individual clinical associate. Obviously we are pleased and grateful to the Education Committee for their action on this proposal.

One issue though, that I doubt will be easily resolved, concerns the problem of control cases. More specifically, the problem of converting therapy cases to analysis cases and what may be seen as overly restrictive and severely limiting constraints imposed by the American and often followed by our Institute. I am referring to the guidelines laid down by the American as to the acceptable amount of time that may pass before an analysis has begun at four to five times a week and the patient is on the couch. These guidelines are accepted and used by our Institute in the obvious interest of graduating clinical associates who will be accepted by the American. This becomes more important in light of the push for certification and peer review. I think that this kind of acceptance of an ideal needs to be closely scrutinized and carefully reconsidered by the Education Committee as I am sure it already has been. The problem though is that the Education Committee has not made it clear to our clinical associates how they will interpret these.

We all appreciate the fact that there are differences between psychoanalytic psychotherapy and psychoanalysis. That seems not to be the issue as much as a protection against the analyst acting in a way that would prevent the emergence of the transference neurosis and/or make the analysis impossible from the outset.

The problem with the guidelines, though, is that they frequently have little to do with clinical reality. Rarely do patients present themselves to us requesting an analysis or knowing what it entails, ready to utilize the couch and commit themselves to four to five times a week. Often we are confronted by the problem of educating our patients to the analytic method, trying to overcome the initial resistances, and attempting to demonstrate the potentials of an analysis. Sometimes this may take months of careful work. Why then couldn't this kind of case become a control case if this preparatory period is handled carefully and is well scrutinized by the clinical associate and the supervising analyst?

Other reality issues may also come into the picture, such as the patient's finances, availability of time, scheduling problems, and other factors that may have to be resolved to a certain degree before the patient is able to come in four to five times a week and use the couch.

Most child analysts agree that children are analyzable and further that they don't have to be on the couch to be analyzed. Why then is there such rigidity about adults and the couch? Or, more specifically, the immediate use of the couch! I do not mean to challenge the use of the couch, only to point out the rigidity of timing and perhaps somewhat difficult conditions that may be difficult to justify that are imposed by the American.

I think that this pressure on the clinical associate may be perhaps even more destructive than any deviation in technique. Trying to get a case immediately into analysis may often, in our less experienced hands, cause a patient to flee and not get the help that he came for. It can become a countertransference issue that may be extremely detrimental to the analysis.

I suggest that the issue needs further exploration and understanding. It appears that the most critical point in determining if a case should be a control case is what went on before the analysis officially began, and that should be the decisive variable as to the acceptability of the case. If there is any question in the supervisor's judgment, mindful of the view of the American, then perhaps a small group of supervising analysts could be used to clarify the issues in question and make an ultimate determination. This, of course, would also have to include some attempt on the part of our Institute to work with the American in gaining acceptance of our ideas and request for a more practical priority than an obviously impractical idea that has inherent in it at least one potentially, destructive countertransference element.

I hope the Education Committee will be stimulated to reconsider this matter further either by study group or ad hoc committee, along with a representative group of clinical associates.

BOOK REVIEWS

Image Formation and Cognition (2nd ed.) Mardi J. Horowitz, Appleton-Century-Crofts, 1978.

Experimental psychology and psychoanalysis both have their origins in late nineteenth century Europe -- the first officially born in the Leipzig laboratories of Wilhelm Wundt and the second, of course, with Freud's collaborative studies with Breuer. For the most part the two fields have gone their separate ways, despite overlap in subject matter. While the reasons for this are too complex to review here, it is interesting to note that the post-Wundt experimental psychologists, in their studies of "mental content," drew very close to the subject matter of psychoanalysis: their study of image formation and use of introspection brought them to the method of free association, particularly in the work of the Würzburg school, but this work suddenly stopped, probably, as David Bakan suggests, because they encountered the same threatening unconscious material that Freud did but unlike Freud were not able to deal effectively with the personal resistance that was aroused. Since these early points of contact there has been little sustained interaction between the two fields. Experimental psychology became increasingly method centered: concerns with what was taken to be correct "scientific" methodology came first and subject matter was chosen for its fit with method. Psychoanalysis, of course, has never excluded subject matter -- even the most obscure reaches of fantasy, childhood memories or the complexities of symbolic relations, because such phenomena could not be brought into a laboratory and studied under controlled conditions. My own sympathies are with the path followed by psychoanalysis, of course; experimental psychology has come to know a great deal about the trivial phenomena that can be studied in the laboratory and relatively little of significance about the important complexities of human life. Yet there is a potential contribution that this field can make to psychoanalysis, for the latter has sometimes gone so far in its immersion in rich subject matter as to lose sight of the criteria of evidence, validation, and the most rudimentary ways of choosing logically, if not scientifically, between rival claims. There is, in other words, a potentially valuable sphere of interaction between the concerns and methods of experimental psychology and the subject matter of psychoanalysis though very few have been able to find this synthesis.

Mardi Horowitz is one of these very few. Fully trained as a psychoanalyst and continuing to practice analysis and psychotherapy, he has also acquired a rich background in several spheres of experimental psychology and his work has consistently shown how the best of these two traditions can be combined. The present volume is a reissue of his first book (originally published in 1970). It brings together in a careful and cogent manner a wealth of data on images and image formation, thought, hallucinations, dreams, fantasy, and related phenomena. In a sense this work picks up where the Würzburg school left off. It shows how one can combine a general study of mental content with the methods and concerns of psychoanalysis. As is true of all of Horowitz's work, his review of the work of others is comprehensive and fair-handed. The book can be highly recommended as a starting place for anyone with a psychoanalytic background who wants to sample what workers in other fields have to say about this sphere of experience.

Horowitz has continued to pursue work that combines the best of the psychoanalytic and experimental psychology traditions in his subsequent books: Stress Response Syndromes, The Hysterical Personality, and what promises to be his most important work, the forthcoming States of Mind. Those who heard him discuss some of the research from this new book at a recent meeting of the Society were greatly impressed. In my own view, Horowitz has taken a central aspect of psychoanalysis -- the psychotherapeutic process -- and devised a method of studying it that simultaneously preserves its richness and individuality while also subjecting it to objective and logical scrutiny. This newest work will stimulate us to think about a familiar phenomena in a new and productive fashion, just as Image Formation and Cognition reopened the door on the "mental content" of nineteenth century psychology.

Louis Breger, Ph.D.

Thomas Monroe Pitkin and Francesco Cordasco. The Black Hand: A Chapter in Ethnic Crime. Totowa, N.J., Littlefield, Adams & Co. 1978.

Mystification continues to be the major response to criminal activity which has foreign roots. Americans are perhaps most familiar with the Mafia, usually described as a sinister and secret international terrorist organization with worldwide links. This volume concerns the activities of La Mano Nero, which began as an extortionist organization in New York early in the century. Whatever the terms used to describe such criminal organizations, they all followed the code of omerta, refusing to divulge their operations and instilling such fear in their victims that the police seemed powerless to control their activities. America's Italian neighborhoods were victimized by variants of Calabria's older Onorata Societa, the Neapolitan Camorra, and the Black Hand.

The authors do a workmanlike job of describing the operations of the Black Hand. There are other considerations, however, that also ought to capture the attention of the historian of crime. The new psychohistory offers us invaluable insights about the unconscious, often disguised, emotional fallout and psychological deficits which developed in the lives of America's foreign criminals. But immigration specialists still want to go over and over such subjects as social mobility, the role of politicians and the police, immigration legislation, educational deprivation and financial disabilities. Instead, one needs analysis of the motivations (especially psychiatric ones) of the individuals who became ethnic criminals. In other words, we ought to move beyond material considerations toward the scrutiny of feelings and moods that remain ignored but which influence human behavior massively.

The authors make the point that the Black Hand had a life of its own, that it was unencumbered by the legacies of the Neapolitan Camorra or Sicilian Mafia. Perhaps this was so at the inter-personal level, but intrapsychically the first and second generation hoods who oozed upward from America's ghetto streets bear many of the same characteristics.

This book makes its most important contribution as a study of the indigenous origins of a particular branch of organized crime. It also serves as a reminder that the vast majority of American Italians remained law abiding citizens who cringed from the stigma of criminality. (As early as 1907 Chicago Italians organized a White Hand to fight the Black Hand.) Americans still find it hard to believe that crime could have been encouraged here at home in their corruptly governed cities, filled with temptations for amassing illegal profit. Thus, the alien nature of a Mafia mythology continues to satisfy the country's naive need for a scapegoat, fostering the wish that sin has come only from abroad.

Andrew Rolle

Leites, Nathan. Interpreting Transference. Norton and Co., 1979.

In this new work, scheduled for March 1979 publication, Leites has meticulously combed the literature on transference and its interpretation tracing the evolution of this concept to current usage. While the literature sufficiently emphasizes the centrality of interpreting transference, references to dissolution are sparse, Leites notes. His conclusions about transference are in accordance with fundamental analytic concepts. In style, the book is made up mostly of quotations and italics which may burden the reader but the author's use of witty asides lightens the tone. The work is dedicated to Ralph Greenson, and Freudian psychoanalysts should be indebted to Leites for relieving them of the arduous task of researching this important subject and producing such a valuable book.

S.L. Pomer, M.D.

Sumner L. Shapiro. Moments of Insight: Vignettes From a Psychoanalytic Practice. International Universities Press, 1976.

This slender volume of 140 pages is a collection of nine clinical vignettes from psychoanalytic practice. The sketches are fictionalized, dramatized, disguised, and presented to show "moments of insight" from psychoanalytic work. One of the vignettes has been published in the Psychoanalytic Quarterly, and another was given an award. It is the author's aim to show the drama of analytic work and in that respect he is successful. The long, much less dramatic process of analytic therapy which is of such central importance is not presented.

Martin Grotjahn, M.D.

Analysts are not trained by linguists or logicians. Analysts are not philosophers - they are clinicians - and they should never forget that. (We also are not professors of political science.)

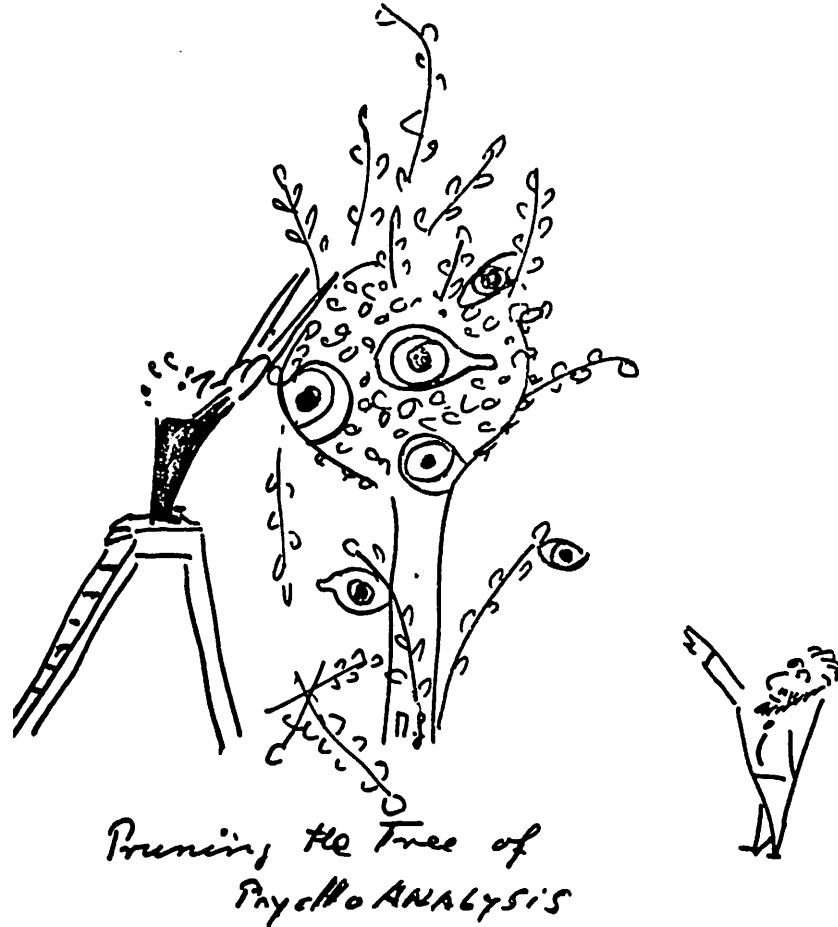
Leites himself is unburdened by the study of medicine or by practical work with patients. His place is not behind the couch but beside the desk in the library. His intentions are not therapeutic but to correct faulty theoretical thinking and incorrect conceptualization in psychoanalysis. This he does excellently. Psychoanalysis does not need linguists but visionaries. Therefore, this book should not be reviewed but debated.

This is a book about words, not about meanings. It deals with theories, not with observations. It is about logic and thinking, not about psychology. Ours is a science different from natural science. It is a psychological science. Perhaps it is true as Leites claims, that Erikson does not define identity with words and logic which Leites would have approved. Nonetheless, Erikson is true in his writings. He understands and feels what he means and so do his readers. We are better off than before in relationship to our patients, even if Erikson for instance has contributed to our knowledge not absolutely correct formulations.

Nobody will doubt that there are difficult problems in analytic communications. They are not simply linguistic, or logical; they are defects in understanding.

Leites' critique is welcome and his points should be considered by all analysts in the future. However, it should not be forgotten that Freud once answered when pressed by the somewhat compulsive Ernest Jones for clarification of some incomplete definition: "Well, this is due to Viennese Schlamperei," (inexactness). This statement is encouraging to clinical observers who have a hard time to be logical in the face of the illogical unconscious. --It would be interesting to know what Leites thinks about recent contributions to ego psychology. Have these authors learned from Leites in the seven years since his book was published?

Martin Grotjahn, M.D.



Nathan Leites. The New Ego: Pitfall in Current Thinking About Patients in Psychoanalysis.
Science House, New York, 1971.

Nathan Leites, Ph.D., studied in Berlin, Heidelberg and Fr burg. He has worked for the Rand Corporation and is an Affiliate Member of the Chicago Psychoanalytic Institute. The reason for his book The New Ego was supported by the gender identity research foundation at UCLA and the Foundation for Research in Psychoanalysis in Los Angeles. Leites is now a Professor of Political Science at the University of Chicago.

The introduction of thirty-eight pages is by Robert Stoller and Ralph Greenson, and gives an endorsement. Greenson sees in Leites a man with excellent knowledge of psychoanalytic theory and literature, even though he has no clinical experience. His main advantage is the application of his brilliant, linguistic and logical mind to psychoanalytic thinking. He prunes vigorously the tree of psychoanalysis.

Hartmann, Kris, Loewenstein and Erikson are the thinkers who enlarged the modern theory of the ego and they and their theoretical formulations are taken by Leites under the magnifying glass.

FRANZ ALEXANDER LIBRARY
Some Recent Acquisitions

GIFTS:

From the Auxiliary in Memory of Irene Josselyn
J. Bruner et al, Eds. The Developing Child.
Four books of a series.

From Dr. Jay Martin.
Jay Martin. Always Merry and Bright.
Biography of Henry Miller.

From Dr. S.L. Pomer.
Edith Jacobson. Depression. Proof copy.

From Dr. W. Holyoak.
David Rapaport. Collected Papers.
Presented to the Library as a tribute to
Jerome Saperstein, M.D.

From Dr. J. Yamamoto.
Four tapes. Oral history, portrait of
Abram Kardiner.

From Dr. R. Aaron.
Ralph Greenson. Explorations in Psycho-
analysis. Collected papers.

From Drs. I. Berkovitz, R. Ekstein, R. Fromm,
and B. Sharrin.
Psychoanalytic journals.

From the George Frumkes Memorial Book Fund.
James Masterson, Ed. New Perspectives on
the Psychotherapy of the Borderline Adult.

K. Poper & J.L Singer. The Stream of
Consciousness.

New paperback editions of some psychoanalytic
classics:

Thesi Bergman. Children in the Hospital.
Norman Kiell. The Adolescent Through Fiction.
Edmund Bergler. The Psychology of Gambling.
M. Ostrow & B.A. Scharfstein. The Need to
Believe.
Gustav Bychowski. Dictators and Disciples.

New Tape

Otto A. Will, Jr. Intensive Psychotherapy of
Schizophrenia.

Lena Pincus
Librarian

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

Non-Profit Org.
U.S. Postage
PAID
Beverly Hills, Calif.
Permit No. 1073