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LETTERS TO THE EDITOR

CC: Editor of the Bulletin

Dear Dr. Rangell,
You were quite right, as you stated in your "Response" to my "Reflections" (on your talk before members of the Southern California Psychoanalytic Institute on September 28, 1977) that was printed in the Spring Bulletin 1978, that I do not know you personally, but I do a bit more now after reading your "Response." Apparently I had caused you distress. For this, I am truly sorry. It was not my intention to do this, but rather to present and defend a particular point of view.

Moreover, on thinking this situation over I have come to realize that I have viewed you less as an individual but more as an impersonal spokesman, and, in a that sense, perhaps I did set you up as a "strawman." You are correct in your contention that my few quotations from your work could hardly do full justice to the man and psychoanalyst, Leo Rangell. Furthermore, I am more aware now that there are more important things for us psychoanalysts to do than to fritter energy away in polemics. I can see now how some of my remarks might be viewed in that light. That is not the course I should like to set for myself to travel, and it is not one for which I should like to serve as an example for others.

The purpose I had in mind for my "Reflections" was to continue in the pages of the Bulletin the interesting dialogue you initiated in your talk before us. Although I admit that I strayed somewhat from a course that I prefer I had taken, I believe, perhaps understandably, that you misinterpreted the "content" and "tone" of some of my remarks. I viewed my article as performing a journalistic as well as scientific function. For the purpose of pursuing the former aim I felt it advantageous to affect a style that would engage the attention and interest of the reader. Having been an inveterate reader of Nation and New Republic for over thirty years I can see, particularly on rereading my remarks,

the influence of a mode of writing sometimes found in those periodicals.

Furthermore, although I presented a particular point of view rather than a "factual report" of your presentation, it was not my intention to distort or to conceal from the reader. I meant this to be a lively but basically informative exchange. To the extent that zeal outweighed discernment, I regret that some of my remarks, from your vantage point, were overly contentious and hurtful.

On one point, however, I must take issue with you. It concerns my reaction of "uneasiness" to your talk which you advised I would have done better to work out "privately" rather than "turning outward and going on the attack." I believe there is a place in psychoanalytic discourse for presentation of diverse views, some of which will inspire repugnance or lively disagreement--with the reservations, of course, that I mentioned above. As a matter of fact one reason for my remarks was to help produce that intellectual climate that encourages free expression without qualms some analysts feel that their views will not be regarded sufficiently respectable by those who reign within certain sacred precincts. Unfortunately the zeal that attended my remarks may have diminished their effectiveness for this purpose. With all its imperfections (minus some of its excesses), however, I believe my piece deserved its gestation and birth.

Furthermore, I should like to correct a misapprehension. You indicated that my presentation "took months to germinate." Actually it was conceived of and written within a few days of your talk with its content still fresh

(Continued on page 6)

THE LOVE AND FEAR OF TRAVEL*

Charles William Wahl, M.D.

I have been struck by the frequency with which I have encountered in my practice problems which are precipitated by, intensified through, or related to an aspect of transportation or travel. And while the area is too vast to fully delineate in this brief paper, I propose to describe here some frequently encountered clinical problems and briefly outline what I have concluded to be part of the dynamics of these disorders.

At one end of this clinical spectrum lies the picture which is seen more and more frequently of the perennial or continuous traveler. These patients have usually the means, as well as the inclination, to travel frequently. They are continuously "on the go;" and as a consequence their work, personal relationships, education and psychotherapy, if they are involved with it, often suffer because of interruptions due to these frequent peregrinations.

Characteristically, these patients approach travel with an intense and sustained over-estimation that somehow it will solve everything. By "getting away from it all," it will give them "a new lease on life." The new places and faces will be certain to assuage the color and discontent that presently afflicts them.

It must be remembered, of course, that travel and travel activities have also intensely proliferated in our times for social and economic as well as intra-psychic reasons. In this day of affluence, travel has become available to millions to whom it was previously denied and consequently it has developed in our day great "ton" and prestige. This has not only changed habit and custom, it has also played a large part in changing our perception of what constitutes social status. F. Scott Fitzgerald once humorously said, "Good Americans go to Paris when they die." What a contrast is this statement of Thoreau who, when asked if he had traveled, answered, "Yes. I have traveled widely in Concord."

Let us consider some of the psychodynamic factors that may inhere in the compulsively driven traveler.

One such concept might be called, The Geographical Theory of Neurosis. That is, the conception that if one is unhappy in Utah, one need only to go to Nevada to live happily ever after. Such patients soon make the belated discovery that the unconscious is taken along and not left at home on any such trip.

A second factor that conduces to the irrational use or expectation of travel is the tendency to unconsciously equate travel with an opportunity for sexual adventure. It is as though the superego, indeed, has a locus and can be flouted by travel. Apropos of this, consider the traveling salesman joke. Also the depression upon returning sometimes results from the frustration of this preconscious wish.

A third dynamism might be called the Captain Hook phenomenon. You recall the character in Peter Pan who was always being chased by a crocodile and could be safe from him only by the recourse of constant motion. The nomad and chronic and parapetetic wanderer often have the same dynamics. The chronic wanderer and traveler often has a conscious or unconscious guilt, usually on an irrational basis from which he/she is trying to escape by peregrination. Indeed, we see aspects of this again in myths -- such as the Flying Dutchman and the Wandering Jew. Both were condemned to travel constantly to expiate some kind of guilt.

A fourth factor is irrational xenophilia, that is a preferential love of the foreigner and the outlander. It is interesting that some nations refer to themselves as "the motherland" and others as "the fatherland." It is easy to see that unconscious attitudes of love or hatred, affiliation or disaffiliation from one parent or the other could easily, through projective attribution, be displaced onto a country from the personages of the biological family.

Another applicable factor is that America, until recently, has always had a frontier to absorb the person affected with wanderlust and those who were not socialized. Thus, it is often seen that foreign countries and foreign ways hold a particular appeal to a person who has been unhappy in his intra-personal and intra-familial relationships. Would Henry James have become a life long expatriot if his primordial family life had been a happy one? The Latin word for "hearth" is "focus." Home is not a place of attraction or security for someone who has not experienced love, security and purpose within an intra-familial nexus.

Perhaps another motive for travel, to make a bad pun, is to recapture the rapture. That is, an expectation that travel will again recapitulate an actual or fantasied experience that has been antecedently pleasurable and which has usually been experienced in a foreign context. The truth is that Paris in the Spring is not always the same each Spring. A yearning to re-experience something of significance that we have lost may take us back to the Parises of this world again and again.

*Summary of an unpublished paper presented at Psychoanalytic Saturday.

But like all aspects of psychic life, the compulsive love of travel is counter-poised by the opposite, a morbid and pervasive fear of travel that more frequently even than the former can be a clinical problem and a reason for psychiatric referral.

Let us address ourselves to some of the dynamics that may operate in the fear of travel. We know that all phobias, whatever the dynamics, have one thing in common. They all subsume an unconscious thanataphobia or fear of death. And just as the paleological concept is that death is "right here somewhere," so the other is that it is "out there somewhere." When this latter amounts to clinical proportion, it produces agoraphobia -- an inability not only to feel comfortable traveling, but even in the most severe instances, an inability to leave the house. The Agoraphobe believes, like the baseball player, that to be home is to be "home safe." The outside is conceptualized as the forbidden and dangerous place, the place where mother cautioned one never to go, and yet paradoxically, home is not the "focus," the place where loving parents live, but rather a place of danger where safety can only be secured by constant policing or watching, and this done perpetually. As an Agoraphobe once told me, "If I left home, it (read mother) might not be there when I got back." Home was security, but only at the price of constant watchfulness and the walking of picket duty, like a sentry in war time.

The morbid fear of the strange, xenophobia, as it is called, is not only a special aspect of the dynamics of the fearful traveler. It is also at the root of much of the bigotry so evident today in which an individual can only positively identify or feel warmly toward his own family, tribe, cult, sect or nation. The irrationality is, unhappily, an ancient phenomenon in human life. Our word "barbarian" comes from the Greek "barbaros." "Barbaros" means in Greek, not what barbarian does to us, but only "stranger." The stranger was considered automatically an enemy and a barbarian.

There is another interesting word that we rarely use today: miseism, a love of tradition--a love of things as they are in places and associations that are tried and true and near at hand. The travel hater is often a miseonist. He fears distance, people other than himself, and influences not his own.

Since flying phobias are the most common of the travel phobias (freeway driving problems being the next most frequent), let me outline what is presumed to be the cause and progression of these disorders. But before that can be accomplished, there must first be this digression.

We know that theoretically a child cannot face new tasks with courage since the conscious part of courage comes, as the learning theorists tell us, by a generalization from previous successful solution of other similar problems. Rather, a child who has not had such forms of pristine courage as a magical and paleological identification with consistent, loving, approving and facilitating parents. Freud saw this very clearly. He once said, "Happy is he who is the best loved of a young mother, for it gives him the confidence in himself that can withstand all of the vicissitude of life."

Two major life circumstances will impair the shield of confident invulnerability. The first is any narrow brush with death or what the unconscious conceives of as such an assault. The second is an abandonment and loss of a significant person. Any such loss of a significant person assaults the child's magical feeling of invulnerability and results in the apperception of and premature confrontation with his contingent and finite state. He learns to know fear along with his finality and mortality.

The blow to invulnerability is any strong feeling of conscious or particularly unconscious guilt (usually resultant from repressed, murderous rage toward parental or sibling figures) that makes the patient feel that he deserves to die, and that the powers that be, which are usually an extrapolated punitive father will surely not miss so good a chance to give him his just deserts as he would have while flying in an airplane.

Also the circumstances of travel (flying and freeway driving) are such that one has to surrender control for one's safety largely to another to a degree hardly perceived in any other circumstance. Situations of danger usually evoke the response of subjective activity; in flying one can only manifest passivity. The phobic, for reasons that we have just stated, does not generalize to others as being beneficent and well intentioned toward himself, but rather the converse. In consequence, he feels weak, inadequate, marked for death and marked for a cause, obliged to trust to the kindness and competence of strangers, and they are usually not so conceptualized because he has projected onto them his untrustworthiness and bloodguiltiness.

Can these patients with travel phobia be helped and can they be successfully treated? In a word, yes, and almost always. If they can be helped to form a strong working alliance they do especially well in therapy. The treatment is primarily psychotherapeutic and is imminently successful in most instances. But that is, of course, another story.

RESPONSE OF DR. PAUL HYMAN

Dr. Wahl has once again applied his urbane and intelligent touch to a subject which I am sure interests all of us in the practice of psychoanalysis. I am also struck with the frequency with which I have encountered problems related to travel in my practice.

The few patients whose love of travel has been symptomatic have rarely remained in treatment. In their capacity to travel they afford themselves a defense psychoanalysis cannot compete with. Whatever the illness is that these people camouflage with peripatetic wanderings, it is usually felt by them that the cure (psychoanalysis) is far worse than the illness. The very process of psychoanalysis ties them down more than they can bear and offers them relief that is too slow in coming. These agoraphilics, if one could hold them in a therapeutic relationship, would quickly begin to look like the claustrophobic. Their free-floating anxiety, their fears and the unacceptable position, with an analyst looking over their shoulder, as it were, is intolerable to them. They can be made worse by therapy.

Dr. Wahl perhaps goes too far in scoffing at the advice "take a trip and get away from it all." Some patients should be advised that their need to travel is a healthy adjustment to their lives. Perhaps they should be told about Admiral Perry who preferred years on the frozen tundra to his warm hearth. At least I think we may agree that "getting away from it all," although a bit of a delusion or an existential joke, does indeed at times help. The wanderjahr of the student, the sabbatical of the adult, the lost weekend all have their healthy place!

Dr. Wahl skillfully utilizes allegorical figures to represent all phobics who wander about condemned for having unconsciously challenged their parents' divine authority.

In my comments, I should like to focus on phobias in general, agoraphobes in particular and offer a brief clinical note which I think will illustrate the unconscious dynamics.

Ever since Stanley Hall, the psychologist, compiled his list of phobias in 1914 to quote Freud, "In all the magnificence of Greek -- a list sounding like the ten plagues of Egypt," analysts have been confronted with the need to decide whether the phobia presented by the patient was of neurotic intensity, overwhelming and crippling such as travel phobias and agoraphobia, or rather belonging to the category of dreaded objects that provoke uncanny feelings in most people, like snakes and spiders.

Travel phobias which Freud grouped under the "situation phobias" all have in common the real possibility of danger or death yet most of us "after fastening our safety belts" give no further thought to a flight. We invoke what has been called healthy denial. Our patients who have overwhelming anxiety when away from home -- out in the open -- or in a plane are obsessed with the possibility of destruction, of "falling apart" (going insane). They are not able to tell themselves with conviction that it is safe -- or that others such as the pilot will take care of them.

But why do most of us trust those charged with our safety? Is it just that we had good parents? Certainly sane, strong parents help but with the clinical material to follow I hope to show you that the crucial difference in the agoraphobic is his/her unresolved unconscious murderous wishes toward authority. One rids themselves of the awareness of these feelings by projection, only to meet them again in the form of feelings of impending destruction -- on the freeways, in a plane, from anyone in the crowd.

The most interesting agoraphobe that I have treated, in addition to having a fear of airplanes, crowds and specific foods, could not drive on Pico Blvd. Her fear of Pico Blvd. began after her first hour of therapy with me. It was considered by her to be her most irrational symptom and she was annoyed with herself. She was also afraid that therapy with me was going to make her worse.

Fortunately I learned that she stopped to have a snack at her mother's before each session and that this combined with her "fear" of Pico Blvd. meant: Look Mother, I am coming to you first, I'll be filled up before I get to Dr. Hyman, I won't listen to him -- he's made me worse already, too. My patient had to deny her murderous wishes toward her mother by reaffirming her loyalty daily before coming to see me. All the early hours were filled with her mother and the terrifying things that she thought were going to happen to her.

I asked her to not stop at her mother's, not even to call her but to please come once directly from work to my office. She did and in this hour told me that the day before when she was with her mother she found herself staring at her mother with her mind blank. Then she remembered that as a child she believed that if you stare at something long enough it disappears! With this confirmation of my previous interpretations about her murderous feelings toward her mother, she gave up her fear of Pico Blvd.

The patient told me that as a child she believed that if you looked in a toilet you got sick, looking at one's body was also dangerous. We worked for a while on how she had as a child seen herself and life through her mother's phobic eyes. Gradually, she began to look for herself and like more of what she saw.

A few days ago she came in exclaiming: I never felt better in my life. I had the most marvelous dream that I could ever have. She said this with such conviction that I expected something very different than the dream which follows:

My boyfriend and I had been visiting a friend at the Brentwood Academy. Suddenly we found the building to be on fire and we had to jump in order to escape. As I fell, I realized I had cut my leg. I was, at first, afraid to look but when I did I saw the most marvelous thing. I had this long cut and as I looked inside it there were kidney beans -- yes, kidney beans, all arranged in a row. It was wonderful. Then she said, "I have the urge right now to cut open my leg, to look inside and see what is really in there."

I think this dream and associations illustrated that she had always imagined that any injury or danger which she would expose herself to would lead to a devastating effect. She never looked to see if this was true but always avoided any position that would put her in jeopardy. Although the dream reflects a childish notion of body contents she learned that it was safe to look inside -- her parts were in order.

I think all agoraphobics are afraid to look at themselves, I have found that all my patients with travel phobias also have great confusion about their bodies. My patients who fear travel all have had additional phobias -- if anyone has ever treated a patient with only the fear of airplanes, I would like to hear about their case.

In conclusion the most satisfying feeling that came to me from the paper was the realization that in these days when most of our cases are character disorders, there are still a few psychoneurotics with symptoms like agoraphobia.

Incidentally, I have given thought to your comment about possible "motives" for my remarks about you in so far as they may apply to your important position in psychoanalysis. From the earliest days of my training I have recalled reading your papers and hearing your addresses. I would not be sufficiently open, truthful--or, for that matter, grateful--without stating that I have benefitted and learned from them. One might indeed criticize, dispute, and even "assail" a parental or older sibling figure, but, to the extent that your surmise might be correct, one might also extend it metaphorically by considering the possibility of respecting and loving him as well.

On September 21-24, 1978 at the Hotel Del Coronado there will be a meeting to honor you and to give recognition to your many outstanding contributions to psychoanalysis. I was delighted to see that among the participants honoring you are Drs. Galenson, Van Dam, Arlow, Blum, Weinschel, Calef, Shengold and Wallerstein. My wife and I plan to attend this meeting, and I shall do all in my power as President of the Southern California Psychoanalytic Society to publicize it and contribute to its success. As a matter of fact, I have been in the process at this time of doing some work on the meeting in response to a letter from Dr. Justin Call. Perhaps in this way I can make some reparation for whatever excesses and lapses there were in my "Reflections."

Marvin P. Osman, M.D.

ON THE ANALYSIS OF A CHILD OF
HOLOCAUST SURVIVORS WITH SOME
NOTES ON COUNTERTRANSFERENCE
PROBLEMS*

John Hochman, M.D.

It has been estimated that 150,000 Holocaust survivors immigrated to North America. In the mid 1960s reports began appearing in the psychiatric literature about the treatment of their children. The broad definition of Holocaust-survivor is useful, which includes not only survivors of concentration camps, but also individuals whose family members were murdered.

The problems of survivor-parents that have been described include self-preoccupation with subsequent inability to be tuned into the child's needs, phobic overprotectiveness, using their children as an audience for recounting traumatic reminiscences and expecting their children to achieve academically to compensate the family for their losses. Some parents have formed a powerful identification with the Nazi aggressor; others may at times perceive the children as persecutors. Unresolved anxieties over death and separations may cause the children to be used as transitional objects.

Among the problems noted in children of survivors have been "dropping out" where the child has felt incapable of meeting the parent's expectations of success. There may be exaggerated difficulties in the areas of achieving autonomy and separation in late adolescence. The Holocaust itself may appear in the dream material or even as intrusive imagery during conscious states. Some children of survivors have devoted themselves to creative work, associated with themes of the Holocaust. Problems of identity range from conscious fears of looking "too Jewish" to the report of a linguistic student who spoke eight languages but was unable to learn Yiddish. The vast number of children of survivors are struggling with at least some unresolved issues of guilt for not having done enough for their families and simply for being alive and not having embraced martyrdom. Many, in fact, have exposed themselves to situations of war and civil disorder where their lives are vulnerable.

The literature on children of survivors offers little details of treatment, even though there was a good deal of evidence that many of them have been patients. Judith Kestenberg, a child analyst in New York, found she came across unusual difficulties in surveying members of the Association for Child Psychoanalysis about their experiences with these patients. Her conclusions were that a combination of the families' need to deny the effects of the Holocaust and the countertransference of the therapist in confronting the Holocaust combined to exempt these issues

from therapy. Anecdotal reports from children of survivors who have undergone psychotherapy contain an almost universal complaint that their therapists were not interested in the problem.

One of my control cases, a woman who is now in her fourth year of analysis, is a child of survivors. Although her parents were German refugees, both sets of grandparents were in concentration camps. Her paternal grandparents were ransomed by chance and were important members of the extended family. The patient's material gave evidence that her grandfather has established a profound identification with the aggressor, while the grandmother remained chronically depressed and flooded the patient with reminiscences of the concentration camp from early girlhood on. The patient's mother had difficulty with depression, but insisted she was happy and banished any talk about the Holocaust to the extent of ripping a novel about the Holocaust out of the patient's hands.

There were chronic conflicts in the family over adopting German versus Jewish identity. As a girl she was praised for looking like a little German with blonde hair. Grandfather prophesied she would become a professor of German, and after college, she, in fact, committed herself to do this in graduate school. Following a trip to Israel, she developed academic difficulties accompanied by depression and persecutory anxiety. She changed her field of study to Yiddish and offered the rationalization to herself that there would be less competition.

Much of the transference centered on themes of her victimization by a persecutory world, including the analyst. A small number of dreams had the Holocaust in a manifest content, while in others it was symbolized or alluded to in association. The patient showed a puzzling over-concern with dying and being killed.

I have found the Holocaust has been an inseparable part of her dynamics. One of her chief complaints on entering analysis was difficulty with men. In her unconscious it appears that men are associated with Nazi persecutors. In her family father and grandfather had an aggressive facade, while mother and grandmother were more clearly depressed. This, in part, ties in with the patient's difficulty in coming to terms with her feminine identification, as appearing womanly and attractive has merged in her unconscious with looking Jewish and vulnerable. She came to an hour in tears after getting an uncharacteristically striking hairdo, fearing that she would now look "too Jewish." A brief anorexia-like syndrome after the birth of her second sister was seen to be in part an identification with her grandmother's starvation and malnutrition in the concentration camp.

* Summary of an unpublished paper presented at Psychoanalytic Saturday.

There was an initial resistance which had to be worked through when the patient insisted in spite of all the material the Holocaust had hardly effected her. The patient began working with this material and additional confirmation in her associations was obtained. This was in part providing a corrective emotional experience where the patient no longer had to face up to the conspiracy of silence established by her mother. She could be increasingly objective about her parents and less ashamed of their idiosyncracies, as well as her own prior difficulties with masochistic acting out.

I had to come to terms with my countertransference in order to be effective with the patient in these areas. It was in the third year of the analysis before I realized this was an important issue in the case; reviewing my process notes showed me that the material was there from the earliest hours of the analysis (isn't it always?). I recall that the patient's interest in Yiddish was something of a curiosity to me, which didn't seem worth analyzing. Her tendency to get upset with death had left me confused and anxious--was she borderline? The patient, herself, often euphemistically described her family's Holocaust experience. On scattered occasions when she would talk about the Holocaust with some emotion, I found myself feeling angry at her for playing the martyr.

Particularly helpful for me was my personal analysis where I was able to come to terms and understand unresolved issues of my own Jewish identification. When my patient asked me if there was going to be an hour scheduled on a Jewish holiday, it was not a neutral question for either of us. In the middle of all this I became involved in taking a survey course on Jewish problems and all the participants were given material about the Holocaust to read and at one meeting we were all asked when we first "found out" about the Holocaust. My screen memory was of hearing that distant relatives had been killed while looking at photographs of concentration camp prisoners, shortly before my Bar Mitzvah. Several months before I "discovered" the role of the Holocaust in this case, I visited the museum of the Holocaust in Jerusalem.

There are many children of survivors, now adults, who will come to the attention of analysts in Los Angeles. One case has already come up in the Clinic Committee within the past several months. Some of these individuals lack the ego strength for an optimal psychoanalysis, but if the patient does have the motivation and ego strength, I would see psychoanalysis as being the treatment of choice.

The analysis of a child of survivors, or of a Holocaust victim, brings up the problem of the analyst having had a life experience radically different from that of the patient. There are some similarities to published accounts of inter-racial analyses. The analyst's unconscious resources here could be supplemented by turning to works of history, sociology, or fiction, which could offer him/her cognitive assistance in navigating the patient's unconscious.

It appears to me that multitudes of people have repressed as individuals their own mental representations of the Holocaust and its associations. The psychoanalytic movement has been intertwined from its beginning with the vicissitudes of European anti-Semitism culminating in the Holocaust, a fact which is not frequently discussed.

Countertransference may be a particular problem if the analyst is Jewish or belongs to a group that has experienced genocide. There may be unconscious conflicts of guilt, shame and anxiety. The Jewishness of the analyst may become an issue in the transference neurosis and an analyst, whose thinking has been heavily influenced by writings which approach religious and ethnic identification as regressive and defensive, may find himself with a handicap.

The analyst may react to descriptions of murderous and sadistic reality as if they were more fantasies of the infantile unconscious which are expected in his practice. This aspect of reality can take on an unsettling and unwelcome presence in the analyst's consulting room, but is in need of understanding.

RECOLLECTING SOME ANALYSTS I KNEW Martin Grotjahn, M.D.

HANK BROSIN, CARL BINGER, JOHN MILLET and FRIEDA FROMM-REICHMAN. Writing these recollections brings back to me memories of other adventures with my friend and brother, Hank Brosin, now Professor of Psychiatry in Phoenix, Arizona, formerly President of the American Psychiatric Association, and for many years Chief of the Department of Psychiatry in the University of Pittsburgh. Before that Hank was at the University of Chicago and studied psychoanalysis with Franz Alexander at the Chicago Institute.

I remember how often we met at conventions in Chicago, Los Angeles, in England or on the continent. I remember with great fondness many hours of conversation, often lasting through the night. The content of our conversations is forgotten like a dream from which one only remembers that one had dreamt during the night.

I remember how we two and quite a number of other analysts went once for dinner to Chasens in Beverly Hills where we were treated with the customary haughtiness reserved for visiting firemen. I was annoyed while Hank with his passion for living adventurously noticed nothing. The maitre d' of the place tried to take our orders for wine and was annoyed when Hank wanted to discuss wines with him first. He tried to explain to the man that we would decide what we would eat after we had chosen our wines. Naturally, he chose a wine which was listed and which he was unable to locate when looking for it in Southern Germany. The maitre d' explained with pride and implied disgust that when a wine is listed they would have it. Of course, they did not have it, and from then on we were treated like connoisseurs - a reputation only Hank deserved.

Later I showed Hank an original James Thurber drawing in the men's room at Chasens. The caption read: "Newcomer at a Nudist Camp." I never have seen any man so delighted while trying to attend to the business at hand.

On another occasion, we celebrated our 60th birthdays. We both were born on the same day: he in Wisconsin and I in Berlin. Since we both are non-drivers, we took a taxi and drove up the bank where the two rivers met in Pittsburgh. We settled down at the bar with the most marvelous view over the whole world, so it seemed. We discussed the fact that a new assignment was waiting for us now that we had reached the age of sixty: we had to accept our mediocrity. Both of us agreed that we were not like Freud but we were just Henry Brosin and Martin Grotjahn, and this would have to do for this life. When we were

fortified with several martinis we found our fate not too bad to accept. We were vaguely aware that every set of martinis was served by a different girl, each more beautiful and more revealingly dressed than the previous one, representing different examples of race and color.

In high spirits we made our way back to the taxi and the same driver was still waiting for us. From him we learned that we two professors of psychiatry had spent the afternoon in the foremost "house of ill repute" without ever having realized it.

I remember our visit with Frieda Fromm-Reichmann, a friend of Hank who had spent a year with her in the think-tank of Palo Alto.

Frieda startled me when she considered a renewed analysis. It bothered her that every morning when she visited a schizophrenic woman this patient smeared feces over Frieda's arms. When she developed a disgust for this patient, she wanted to analyze her countertransference difficulties. Somebody - it must have been a woman in our company - suggested to get dressed in a long sleeved blouse, since it is unlikely that any woman schizophrenic or otherwise would dirty that. This proved to have worked well, as I learned later.

At another time, I was just back from a consultation with John Rosen, the man with the "direct analysis" of schizophrenics. We learned from him that our patients are not fragile violets and did not need to be treated with velvet gloves under all circumstances.

Frieda spoke about a schizophrenic woman of "my age" who did not talk. So Frieda thought that this patient would be a good case to try John Rosen's skill and called him in consultation. Rosen teased the patient the way only he can do. The patient was startled, then annoyed, and finally enraged, hauled off and hit John with a flat hand to the face. Without a second of hesitation John let one fly in return, to Frieda's high alarm. Both doctor and patient got red in the face but finally they stepped back from each other only after some more exchanges of blows. Then there was a slow developing, almost tender interaction, between the two combatants for perhaps twenty minutes.



Hank Brosin

SISYPHUS OR THE LIMITS OF EDUCATION REVISITED*

Rudolf Ekstein, Ph.D.

I would like to speak about a man who lived during the later years of his life in San Francisco. An outstanding psychoanalyst, an early educator and youth leader, some twenty years older than I, and for many, many years my chosen ideal. Perhaps he was my ideal because I didn't know him very well, since I met him only two or three times but I did read his books. One should be grateful for the distance, because our chosen ideals have to be people who are distant from us. That is a very important insight for anyone who wants to be a teacher and hopes that perhaps some day he might be chosen consciously or unconsciously, as a student's ideal upon which to grow and model himself.

I want to speak about Siegfried Bernfeld. As a matter of fact, my title today is taken from a famous book by Bernfeld which is now more than half a century old: Sisyphus or the Limits of Education. This book has been republished several times in many parts of Europe and has been published in English. A difficult task that, because it speaks about a time and a way of thinking that are not easy to understand today. It is exactly that time I would like to recreate for you because it was then that many of us went to psychoanalysis and considered the solution of problems of education, a time of crisis and rebirth.

Before doing so, I would like to speak about Bernfeld, about the way he came to education and, finally, to psychoanalysis. After all, we wish to create a bridge between education and psychoanalysis so that these two disciplines, these two applications of theoretical understanding about developmental phases of man's life cycle can be brought together. And few individuals epitomize the early attempts to do just that better than Siegfried Bernfeld.

He was born in 1892 in Lemberg, then a part of the Austro-Hungarian Empire. Like many others, including Freud's parents and their children, Bernfeld later came to Vienna, where he earned his doctor's degree. He became very involved in youth activities. He organized youths; at first, young Jews, then young socialists. He tried to bring about a revo-

lutionary movement that would revolutionize education; that would give new life to those people who had just lived through a terrible civil war. But even before the first world war he had been active as a youth leader and as a teacher. His conception of the educational task at the time was deeply influenced by one of the early educational theorists in Germany, Winneke. He was also influenced by Hall in America and later by Freud and Maria Montessori. He wanted to put an end to the teacher who would only function in terms of didactic problems, only in terms of cognition and curriculum. He wanted the teacher to be a youth leader.

At this time, in the early years of the century, there was the widespread notion that the educational system was bankrupt, and that a new educational system had to be created. In this educational system the school would really be a place of living where the teacher could appeal to the whole man in the child and teacher and child could live together. Bernfeld was one of those who put into actuality this notion of a Schulgemeinde.**Then the World War came. And after the war, the Empire ended the different ethnic groups of the Austro-Hungarian Empire fought for freedom and among them was Bernfeld, the Jewish youth leader. One of his books of that time is Das Jüdische Volk und seine Jugend. The Jewish People and its Youth, written in 1919.

I remember that time very well because we were hungry and had little but potatoes to eat. I had started elementary school, but we were freezing, and the classrooms were empty. Years and years later when I found that book, I learned that Bernfeld in this period had armed some of the Jews in the 2nd district of Vienna so they could guard the bridges across the Danube and the Donau Channel island to protect the island where they lived. He was supported at that time by the mayor of the city, a famous socialist leader, Bürgermeister Karl Seitz, and for a number of weeks defended this island. Shortly after that he, together with Hoffer, later famed as an analyst, but at that time a teacher, created the first experiment in psychoanalytically oriented education. That experiment was called Kinderheim Baumgarten.

Some three to four hundred Jewish refugee children from the East who had lost their parents were involved. He tried to bring them together in an ideal educational setting based on psychoanalytic principles. It's an interesting thing that these early experiments - Siegfried Bernfeld's experiment with Kinderheim Baumgarten, Aichhorn's experiments with delinquent youth, Vera Schmidt's experiments in Russia with the first psychoanalytic kindergarten - all broke apart after a few short months. They were promising experiments in terms of the appeal they had to the children without parents: to people who needed love and leaders; to leaders who

*Edited transcript of speech given at Symposium sponsored by the American Educational Research Association, San Francisco, California, April 20, 1976.

**Approximately translated as "school community" referring to democratic cooperation between teachers and students.



By courtesy of Mrs. Rosemary Ostwald (Bernfeld's daughter)

SIEGFRIED BERNFELD
(1892-1953)

was Sisyphus or the Boundaries of Education - the limits of education.

It is an interesting book because it suggests that the teacher is Sisyphus, condemned by the Gods -- or is it by the School Board -- laboriously to climb the hill, ever and ever again, each time trying to bring the rock to the top of the hill, or to fill the bottomless pail with water. Sisyphus tried externally to accomplish his assigned task but could never succeed. I got hold of that book when I was working for a salary for the first time. It was in a children's home during the summer months, and a number of other young educators were also there. We talked in those days of whether the society in which we lived could be replaced by one that was socialist rather than exploitative, that was democratic and free and just. We thought that the youth movement might bring about such a society. And, of course, Siegfried Bernfeld, like us, was always connected with the youth movement. I remember one night in 1930 when we talked endlessly. I had read just a few things of Freud at that time and a great many of Marx. My point was the possibility of combining inner change and outer change. Attention was called to Bernfeld's book, and I still recall my astonishment when I started to read it a few days later. I was tremendously impressed by the idea that there are two limits -- that I very much wanted to learn more about it, but I didn't know where I could in Vienna. But I soon found out and that's how I started to have psychoanalytic training.

were more than live-in teachers. It is very interesting that these experiments all failed, not because of what there was within each setting but because of outside pressure. Originally the outside pressure was such that the people supported these experiments financially partly out of guilt and partly out of fear of so much potential delinquency, of so many youngsters running wild. But as soon as the situation was consolidated, all of these experiments were ended by counter pressure outside.

In The Jewish People and Its Youth, Bernfeld made the recommendation for the first time that young people be given experiences outside the city and the family. The organizations that he described became the ideological backbone of what is today's Kibbutz education in Israel. These first experiments put immense stress on the relationship between the teacher - that is, the leader - and the youngster. The developmental problems were clearly understood: the child must first be taught to understand freedom so that he would be able to use it; and freedom and limits were put together. But these experiments failed, and Bernfeld moved nearer to revolutionary - political movements and organized students, both in Berlin and in Vienna. Then in 1925 - just a few years after the Kinderheim Baumgarten experiment (1921) - wrote a book of great interest to us at present. And I can see how successful it was because all of today's addresses are indirect reminders of its contents. That book

Bernfeld's theme was that Sisyphus, the teacher, can never succeed because he is up against the unconscious forces in the child: id affects, desire for instinctual gratification, aggression, inability to accept the reality principle. And even if he were somehow to succeed with the child, the teacher has a second enemy: whenever he wants to make change, he cannot because adult society - the school organization, the educational system, society at large - will ask him to be its representative and it does not want to be changed. Therefore, Bernfeld suggested the teacher must also be a revolutionary. He must try to change society while trying to get to the innermost life of the child to change him. Bernfeld chose Sisyphus as the hero because, by that time, he had become skeptical and pessimistic. He knew instinctively that the revolutionary days in Europe were over, that none of the problems had been solved, a kind of temporary post-war consolidation had taken place and that new problems and repressions - fascism - were looming. Although his pessimism was justified, it was also a question of his personality. And I wondered as one always does when making biographical comments about a person, whether I am not also trying to convey other biographical comments as to the pessimism or optimism possible to a teacher. The book was based on Freudian thinking before 1923 because it does not make use of Freud's later conceptualization of the ego and the id. It is really a book that deals with the conscious and unconscious, with impulse and the inability to tame impulse, and with Marxian concepts. It does not deal with post-Marxian concepts about the kind of society that is possible when problems of

adaptation are solved - as from time to time - we in America hope is possible.

Nonetheless, this book was tremendously significant in showing the difficulties of the teacher. Even though I did not know why Bernfeld chose as a hero a man who was ordained to lose, like Sisyphus. Perhaps the events affecting my own life made me perceive a kinship to Sisyphus. And did not Freud himself chose as the hero of his adolescent days Hannibal ante portas - Hannibal forever standing before the gates of Rome and never entering the city. Yet I sometimes wondered in those days when education and mental health were better treated in America than now, whether I should not choose another mythical hero of education - Prometheus. He brought fire to the people, and while the gods - that is, the administration downtown - punished him, he nevertheless succeeded. In the days of Pericles, when freedom ruled in Athens, a parade was organized every year in order to honor him for bringing knowledge and fire and passion to the world....You see, along with my teacher's language of appeal comes my metaphor of reflection, which can, perhaps, be used to replace the successful Prometheus for the doomed Sisyphus.

In any event, around 1928, Siegfried Bernfeld wrote another book. This one clearly showed that he no longer saw the task of education as Winneke or Hall saw it. Rather, with Die Schulgemeinde und Ihre Funktion im Klassenkampf, The School Community and its Function in the Class Struggle, Bernfeld turned away from educational theories to express his deep conviction that it was most urgent for schools to join the political struggle to stem the tide of fascism. Professionally, he left education and moved slowly toward psychoanalysis. But he never completely gave up the educational field. After he left France, his first exile, and came to America, his second exile and later the home which he loved, he once more turned to problems of education as the teacher of psychoanalysts.

He could not, however, get rid of the Sisyphus in him. For him the tasks of teaching within an institutional setting were impossible. This outer boundary, this outer thing, impinging on the function of the teacher was too limiting for him. Finally, against the wish of all of his colleagues, he left that institution. But I remember I had the honor to publish and write the introduction to a paper of his on the training of psychoanalysts. It was an interesting paper. Just as he had in his youth wanted education to be more informal, to have a minimum of structure and curriculum, he wanted it to consist of real contact between student and professor rather than computer decision and administrators' programs. No wonder that a few years later Nevitt Sanford would try to create the innovative Wright Institute without academic formalities and curriculum. I do not know how long that will last, because new churches always change to become old churches. But as long as people like Nevitt, or Maria Piers with her Erickson Institute for Early Education in Chicago, or me are around, there will be some innovative training situations in education.

To return to the ideas of Sisyphus and the limits of teacher training, I call attention to an experiment in Europe that lasted for some ten years. I was lucky enough to be a part of it in those last years of the First Austrian Republic. It was an experiment in the training of teachers, usually post-graduate training, and was similar to today's Hampstead, the training center for psychotherapists. At the Vienna Psychoanalytic Institute we had a special program referred to as the Lehrgang für Psychoanalytische Pädagogische Training Course for Psychoanalytic Pedagogues. Aichhorn and Anna Freud and Hoffer taught there, as did many child analysts including Erikson and Bernfeld, and Peter Blos, who knew it from its inception. Those of us who wanted to be early education, elementary and high school teachers went there in order to see whether psychoanalytic understanding could be tied to the educational process.

During that phase of our learning we found it very difficult to differentiate between therapy and education. And I was interested in Anna Freud's remark about just the difficulty: when and how a teacher would use psychoanalytic principles to bring about an educational process and when he - or somebody else - would use these same principles for psychotherapy. They are different: education helps the child to solve tasks and psychotherapy helps the child to resolve conflicts. Although the difference between them is enormous, many educational processes are not free of therapeutic impact, and many therapeutic processes are not free of educational devices: the discussion has been going on for a long time. The Lehrgang requirements called for a four-year course presented in two overtime evenings a week (whenever psychoanalysis becomes full-time instruction, I wonder whether it will not lose its old spirit in all the formal requirements and curriculum). Finally each of us would also have a Pädagogische Analyse a training analysis for pedagogues. The idea was that a good teacher is one who, in contact with his own preconscious and unconscious, has been able to make the kind of peace within himself which enables him to approach the child with compassion, but without hate and without too much of the intimacy that interferes with the learning and teaching process.

It was in those days that we just started to think of what would be necessary to help teachers make use of psychoanalytic principles. Since then, a number of attempts have been made in this country. Maria Piers in her discussion later, will say what is done with early education people. We at the Reiss-Davis Child Study Center had such a program for many years. The Chicago and the San Francisco Institutes have tried to bring about such changes in teacher training. Some of us have had occasional opportunities to work in teacher training colleges; but we have usually been outsiders - almost as if we had love affairs with the colleges and some of the teachers of education that never developed. And I suspect that today's invitation is a lovely flirtation but I don't know whether it will lead to a relationship of real collaboration.

(Continued on page 24)

SCIENTIFIC MEETINGS

TWELFTH LATIN AMERICAN
CONGRESS OF PSYCHOANALYSIS

Mexico City
February 19-24, 1978

These comments are being written in the lobby of the Hotel Presidente Chapultepec while I am waiting for Alfredo Bloch to return from buying a pyramid or two.

We have all had a thoroughly charming time in Mexico City. The Mexican Psychoanalytic Association and their members went all out to welcome everyone from both North and South America. There were approximately twenty-five members from the United States. Representing those of us from the Western Psychoanalytic region were Dan and Carol Siegel, Gilberto and Betty Morrison, Alfredo and Ruth Bloch, and myself. Our hosts were warm and went out of their way to see that everything went well for us.

The papers were a broad representation of psychoanalytic thinking in Latin America. Of interest were the difficulties that the translators had at times with words and concepts. This was especially true during one fascinating paper. It was written in Portuguese. The analyst presenting the paper simultaneously translated it into Spanish and the translators then had to attempt to interpret his concepts in English. On the third day of the Congress the translators could begin to say phallus, penis, and one of them even was able to translate the word fucking. Another word they had difficulty with was the term for a sexually frigid woman. The translators were mostly young ladies who had learned English in Mexico. Some of our word concepts and ideas were foreign to them. The translators commented that the analysts presenting papers were most patient and eager to comprehend the translation rather than treating them as mere inanimate objects as other North Americans who have demonstrated little consideration for the translators.

I had the chance to meet with a psychiatrist from Argentina who has fled to Mexico. He reiterated what our colleague, Walter Briebl, has told us about psychoanalysts disappearing, never to be heard from again, in Argentina. I learned that not only is it the psychoanalysts but lawyers and especially architects; the reason for this is that architects have a strong group.

Gilberto Morrison did a beautiful job in chairing a meeting that I attended. He attempted to follow our local type of presentation by encouraging a great many of the participants at the roundtable to air their views. As usual there was insufficient time for the great wealth of material to be discussed. Again, we were impressed by the interest in hearing what those from other countries had to say.

We were all impressed by the cross cultural psychoanalytic exchange. Analysts from different countries appeared to respond to case material. We felt this was especially interesting and stimulating. Most of us know what we can expect from others in the United States when a case is presented. The Latin Americans were most interested to hear what each other had to say. They have their Congresses every two years and look forward to this interchange of ideational material.

Local members of the Mexican Psychoanalytic Association invited each of us to their homes for dinner. One home I dined at was contemporary American in style with the food being Mexican. They were very careful to tell us which food was picante and which was not. Our host, Dr. Florenia Wudka, was also careful to tell us which food had local lettuce in it. They knew our problems with the local water.

The second dinner was at a lovely home done in the local contemporary Mexican architecture. We learned to drink Tequilla with salt, followed by a tomato juice chaser. After two such drinks and hors d'oeuvre of guacamole, we had a formal dinner of soup made with small pieces of pork with corn that appeared to look like hominy grits. We added our own chile powder to taste. We then washed this down with light beer. This was followed by a bottle of dark beer to compare the qualities of the local beers. The dinner was finished with an excellent Mexican brandy. All in all a delightful experience at Dr. DuPont's.

At this dinner, I was the only North American. The other guests were analysts from Puerto Rico, Bogota and Buenas Aires. Topics of discussion during the meal ran the gamut of fees (approximately \$20 locally American money per hour and in Puerto Rico about \$50 per hour). In Bogota, patients do not declare their psychoanalytic fees to the government and the analysts commonly do not declare their income to the government, so no income tax is paid. In Mexico the analysts earn a certain amount and are taxed almost 100% on the dollar after this fixed income is earned. The current feeling is that both the present government in the United States and the current government in Mexico are slightly to the right of center. Among the middle class the feeling is that the Mexican president is doing an excellent job in trying to restore the chaos left by the former president.

There is no welfare in Mexico. There are three types of hospitals. The first is the free hospital for those who do not have insurance. The second is the social security one for employees. The third type are private clinics which are hospitals for those who can afford private fees.

At one point in the meeting I handed Al Bloch a thousand pesos and six dollars. Al handed me back 500 pesos and twelve dollars. We then exchanged \$12 versus \$11 and 1500 pesos. Somehow at the end of this entire transaction, Al feels I beat him out of two and a half pesos.

Morris Vilkin, M.D., Reporter

OBJECT CONSTANCY AND THE RAPPROACHEMENT CRISIS

John B. McDevitt, M.D.

This meeting was divided into three parts. Initially a film from the Masters Childrens Center in New York was shown. It was narrated by Dr. Margaret Mahler. Second, John B. McDevitt, M.D., Associate Director of the Center, read a paper. Finally, Miriam Williams, M.D. of the Los Angeles Psychoanalytic Society gave her observations on the topic.

The film demonstrated the "third sub-phase" of separation-individuation which extends from sixteen months to twenty-four months of age. Dr. Mc Devitt then read his paper. He reviewed the developmental schema of Mahler and indicated that object constancy is achieved by the third year after a successful resolution of the rapprochement crisis of the second year of life which corresponds to the anal phase of development. Object constancy refers to an internalization of structure and implies 1) a positive attachment to an internal image, 2) good and bad aspects of the image are united thereby describing both ambivalence and the mechanism of splitting, and 3) the internalized representation comforts in the same manner as the presence of the mother. Attainment of this state is noted in the fourth subphase (twenty-four to thirty-six months), the "senior toddler," by less concern about the whereabouts of the mother. To attain object constancy there has to be a successful resolution of the rapprochement subphase crisis. During this phase there is more precise self-object differentiation with a loss of the sense of omnipotence which increases ambivalence and aggression. The crisis of this period is the conflict between the desire to be close to the mother and the desire to ward off impingement on developing autonomy. Crucial to the resolution of the crisis is the availability of the parents and the ability of the parents to handle the child's intense contradictory demands. If the parents are unreliable, intrusive or unavailable, the child develops a hostile introject which acts like a foreign body or an unfavorable fixation point. Dr. Mc Devitt gave some brief examples but his presentation mainly reiterated well known theories and observations. One example of this stage was a young girl with marked ambivalence to her mother. He postulated that she projected hostile impulses into mother and introjected this as a hostile introject. The resulting symptoms were shyness and depression with a lack of self reliance or initiative. It seemed that if she would be more assertive she would damage the mother. The resolution was brought about by the internalization of a stable image.

Dr. Williams felt that Dr. Mahler's work shows the development of object relations better than prior theories and gave examples of how the stages of development relate to the analysis of adult patients. Her examples were very interesting but related to various stages in development and did not apply to the specific topic of resolution of the rapprochement crisis. The clinical example she gave relating to rapprochement phase involved an adult patient whose mother was depressed during her second year of life. She always felt unwelcome. She developed attachments to bossy women because this meant being close to someone.

In the brief discussion from the floor, Dr. Greenson asked about "Self constancy," and where does that come in. Dr. Mc Devitt stated that the concept of a stable self is being integrated into his work.

David Markel, M.D., Reporter

SCIENTIFIC MEETING OF THE
SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY
February 27, 1978

THE FUNCTION OF WIT AND HUMOR IN PSYCHOANALYSIS

John L. Schimel, M.D.

Dr. Charles Stone, after grappling with a dead microphone that then raucously squawked back to life, introduced the members of the panel. They were to serve as jesters and suggesters and included Drs. John L. Schimel, Martin Grotjahn, Harold Greenwald and Charles W. Wahl.

Dr. Schimel is Associate Director and a Training/Supervising Analyst at the William Alanson White Psychoanalytic Institute in New York City. He mentioned that many psychotherapists don't discuss their usage of humor but that he himself has found humor especially helpful with adolescents and with patients who look on each day as a hard struggle. He cited Hilda Bruch's advice on the importance of using the light touch in therapy. Then he served up several warm and aromatic humor-anecdotes that involved cups of tea and coffee.

Dr. Grotjahn, the author of Beyond Laughter, praised Dr. Schimel's previously circulated paper because it had a quotation from Grotjahn, but then he chided the author for using Webster's definition of humor rather than Freud's (heresy!). Referring to Schimel's having differentiated between wit -- "sharp, intellectual...not particularly kindly" and humor -- "ludicrous or absurdly incongruous elements...broader human sympathies...more kindly," Grotjahn related wit to sadism and humor to masochism. (My thought: Wit might be described as the confrontative, cutting edge of humor.) He also pointed out that sometimes jokes and laughter can be used as a resistance, especially by comedians.

He concurred with Schimel in the statement that the understanding of a joke provides the beginning of the understanding of an insight. Swiftly moving into the raconteur role, Dr. Grotjahn told three comical stories, one of which seemed particularly apt for these days of stress: This was Peter Ustinov's tale of the boat captain who telephones the diver down in the ocean, "Come up quickly! We are sinking!"

Dr. Greenwald, the next panelist, is a psychologist from San Diego who edited Great Cases in Psychoanalysis. He mentioned at the beginning that often the analyst either plays the role of the interrogator or of the fellow-sufferer, and thus there is a need for the objective, light touch of humor. Earlier in his psychoanalytic career, he decided to make use of the bubbling stream of humor that flowed within him. His method often has been to make himself the butt of the humor, and so show the analysts that they are both in the same "butt."

Greenwald paraphrased Freud's comment about how a humorous person can turn any tragic occurrence into humor. Then he went into Jewish mother stories -- "analysis is an exercise in matricide," alleging that his mother is gifted at turning ordinary events into tragedies. Greenwald especially focused on the use of humor with depressed patients. He emphasized the awareness that a secondary gain of depression in some patients is its being a ready made excuse to avoid involvement of the person in life's activities.

Dr. Wahl, who has written extensively on psychosomatic medicine, described humor as being halfway between primary and secondary process. He went on to mention the value of humor in psychotherapy as: a method of easing the pain of the "psychic wound" of interpretation, an enriched way of opposing the patient's resistance, and an avenue toward better remembrance of an insight by the patient.

He quoted Santayana: (approximately) "Life has absurdities. Humor helps you deal with it." (That reminds me of Rafael Sabatini's opening description of Scaramouche: "Born with the gift of laughter and the sense that the world was made....") Wahl cautioned that humor should be used in an economical way, with kindly affect, and during a state of positive transference. He further warned that the psychotherapist should be very judicious with ethnic jokes, and that wit is always done at the expense of the other person. He flavorfully rounded out his comments by telling the filthiest joke he ever heard, the pancake joke and the krepluch joke.

It was only their lack of British accents that kept the speakers from having us "rolling in the Isles." During the ensuing discussion, Dr. Schimel illustrated the use of humor for making a surpriseful impact by telling the story of how the muletrainer advised: "The first thing is to catch his attention," as he hammered a stubborn mule over the head.

Dr. Max Sherman brought out his "reverse English" approach in which he spotlights the patient's resistance by humorously appearing to join it. "You don't like the previous therapist. That's perfectly all right as long as you don't attack me." The session came to a close with Dr. Wahl's remark about humor being like life's carrying a flag of truce; and King Lear's jester being able to say things that would ordinarily not be countenanced. I promptly put a cap and bells on my shopping list in order to wear them while I wrote this piece.

Philip Alexander, M.D., Reporter

SCSCP INFANT PSYCHIATRY INSTITUTE
February 24-26, 1978

PATTERNS FOR INFANT DEVELOPMENT:
RELEVANCE FOR LATER LIFE

The meetings were familiar lessons of two gratifying themes. First of course, contents of the meetings offered useful insights on human emotional development. Not just in terms of the need of child analysts in treating children (by enhancing the understanding of age specific developmental processes), but because of the help of the adult analyst in his effort of untangling neurotic webs. The audience in the meeting seemed to sense the exciting quality of the potential youth of the presentations and most of the audience left unsatisfied, anticipating future opportunities to learn more of the current findings on child development (cf. September, 1978). The second theme was the development of this particular Institute where I had the pleasure of being involved as the ideas jelled over the years preceding this Institute. Dr. Call's personal interest in infant psychiatry was being expressed through progressional circles and as he and others met the idea for a program format began to take a hazy shape. With Dr. Galenson's sabbatical here last year, the conditions were "right" and the formalized proposals quickly developed at that time. Individually and then as a group they pulled together the leaders in the field and developed the format of the Institute. Both the Southern California Society for Child Psychiatry and Area IX in the Academy of Pediatrics developed a program for sponsorship and assumed responsibility for the arrangement. The subject of Infant Psychiatry will draw more attention in the upcoming months.

John F. Leonard, M.D., Reporter

SPECIAL SERIES OF THE
SOUTHERN CALIFORNIA
PSYCHOANALYTIC SOCIETY
March 17, 1978

CONTINUITY OF EXPERIENCE

Rudolf Ekstein, Ph.D.
Martin Grotjahn, M.D.

Martin Grotjahn and Rudolf Ekstein were the featured speakers at the second evening of Oral History of Psychoanalysis held at the Taylors' home in Encino. Organized by Irving Berkovitz under the auspices of the Society, the forty who attended were treated to a charming evening of reminiscences by these two noted senior psychoanalysts.

Dr. Ekstein's remarks centered on the influences of the philosophical and social matrix of Vienna on both the development of psychoanalysis and his own pursuit of psychoanalytic training. A tradition of commitment to causes: social, political and scientific led to membership in a cohesive, supportive in-group which was then vigorously even passionately defended against the adversaries (non members). This pattern had a strong effect on the course of the psychoanalytic movement and on psychoanalytic theory itself.

Dr. Grotjahn's focus was a more personal one, though also socio-analytical. The problems of developing a unique identity as a psychoanalyst within the aura of a prominent father, himself a physician, were difficult. The rise of Naziism, with its rampant anti-intellectualism, proscription of psychoanalysis as a "Jewish" science, and the persecution and flight of most of his analytic colleagues all contributed to the pressures which resulted in his breaking with his heritage and emigrating to a new life.

The counterpoint of the two viewpoints was especially valuable to this listener, giving a flavor and texture to the previously somewhat bland factual history of the psychoanalytic movement.

Terrence Taylor, M.D., Reporter

Franz Alexander Memorial Lecture
April 14, 1978

THE BIPERSONAL FIELD AND ITS FRAME

Robert J. Langs, M.D.

Robert J. Langs, as the tenth Franz Alexander Memorial lecturer, spoke to a record crowd on April 14, 1978 at the Pacific Design Center. His subject was the Bipersonal Field and its Frame, which was an awesome undertaking for only a two-hour lecture. Frank Williams, one of Franz Alexander's last analysts, introduced the guest speaker.

Langs has written many books on technique, is editor of the Journal of Psychoanalytic Psychotherapy, and is author of a book entitled, The Bipersonal Field. He is a researcher and investigator in the spirit of Franz Alexander, an adventuresome pursuer of the truth.

Rather than describing his bipersonal field and frame, he chose to present a case in detail session by session by John Hochman, reviewing nearly two full sessions, and commenting on the interactions of the therapist and the patient. In this way, he attempted to describe the bipersonal frame, the bipersonal field, adaptive context, and type of interventions.

At this point in time, Langs believes that there are only five kinds of interventions. He is attempting to synthesize the therapeutic situation and interactions into a simple set of concepts and equations. This is an awesome task, truly experimental, but very difficult for listeners to follow and comprehend fully in a brief lecture, even if one is familiar with Langs' concepts. Rather than defining his terms, he chose to attempt explanation of them through the case presentation.

From information taken from The Bipersonal Field and Langs' lecture, I shall try to render a somewhat condensed account of his concepts. The bipersonal frame, according to Langs, is the therapeutic situation taking place within a contained frame. The patient and the therapist represent two polarities, with the frame envisioned rather like the gestalt. This frame consists of such items as the person who referred the patient, the person who pays for treatment, and the time and manner in which treatment occurs. It sets the stage, so to speak, for the communicative medium. The bipersonal field concept asserts that psychotherapy takes place within a clearly-defined physical and psychological field or space. This field is defined by the framework.

If, then, one understands the frame, one can predict the sort of field which will occur. According to Langs, there are three types of field. These are: A - symbolic communication, interpretative; B - projective and introjective identification; and C - static, in which meanings and links are destroyed.

The adaptive context is the main event - inner and outer experience - to which the patient is adjusting and responding in that session or field. The goal of therapy is to interpret unconscious fantasies through the adaptive context, or to be in a A - Field - symbolic communication.

Langs' remarks to the patient are re-organized communications of the patient interpreting through the adaptive context. He listens in three spheres: 1 - cognitive; 2 - interactional, and 3 - role and image evocation.

The type B - Field is projective and introjective identification, as I have already indicated. Introjective identification is when the therapist mis-manages the frame, interjecting his own sickness into the patient. The patient then suffers from an introjective identification of the disturbed therapist, from a pathological introject. Langs assumes patients to be incredibly perceptive, capable of complaining about containing the therapist's sickness in an effort to restore the frame. If a valid intervention is made, the frame will be restored, back to Field - A, and will lead to new interventions and a positive introject for the patient.

The type C - Field is that in which no unconscious work is possible because the frame prevents or destroys meanings and links. Langs considers this true of third-party payments, where there is any disclosure of confidentiality, or where the therapist isn't neutral.

John Hochman presented a case of a patient seen three times weekly, paid for by insurance through his work, a situation requiring some breach of confidentiality. Langs' contention is that this frame created a type C - Static-Field.

At the termination of the lecture my feelings were that he synthesized the therapeutic situation into a few simple equations almost mathematical in nature. An enormously complicated subject had been reduced to workable terms in a manner similar to that in which Einstein expressed his theory of relativity. It was an overwhelming experience, in which many new and provocative ideas were produced, and my own knowledge immeasurably enriched.

Doryann Lebe, M.D., Reporter

LOS ANGELES PSYCHOANALYTIC SOCIETY AND INSTITUTE
SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY

April 1, 1978

A PSYCHOANALYTIC SATURDAY

VICISSITUDES OF AGGRESSION

Frederick Hacker, M.D.

It was April Fool's Day, a day long noted for its comical, prankish aggression. I had some surmises that we were in for some surprises. They occurred at the start and finish of the meeting. Dr. Ralph Obler introduced Dr. Frederick Hacker who quickly announced that he was a pinch-hitting speaker and thus would have to deliver a non-paper! He then went on to outline the two main concepts of the causes of human aggressiveness: (1) "Nature" theory--aggression is due to an instinctual drive or innate disposition; (2) "Nurture" theory--all aggressive behavior is learned from early, frustrating and social experiences. Pointing out the nihilistic and helpless aspects in each concept (the human seen as an unchangeable genetic program, or as the manipulated "marionette" of society), Hacker flexibly fitted together the two ideas by summarizing that most instinctual drives are influenced socially.

Then Hacker saluted Freud's contribution of dividing human instinctual behavior into two principal drives: the libidinal drive, or Eros, which entails the creative, synthesizing processes; the aggressive drive (which Freud paired with the speculative death instinct, or Thanatos) that encompasses destructive, hostile motivational forces. His concept looked on aggression as initially being directed against the self and then being outwardly directed. Lorenz and Adler viewed aggression as being originally turned toward the opposing world and thus being used for self defense and preservation. (My thought: a related view could be that aggressive behavior may result from inner and/or outer thwarting of the individual's self-assertiveness.)

The concept of aggression being woven and integrated into the tapestry of the personality was introduced. The associated conflict becomes internalized and silent, anxiety is removed, and the aggression becomes an ego-syntonic part of the character. (This may account for the bland, ruthless efficiency of many of the skyjacking terrorists.)

The conspiracy of "silence" is then generally furthered by a not infrequent acceptance of violence in the society. Hacker pointed out several examples of life-situations where violence is encouraged in the child by the family as an educative measure, or for retaliation, or in the service of a greater cause. (The grim connection of this pattern with past and recent world events rings a macabre bell.) Toward the end of his presentation Dr. Hacker dealt with the concepts of identification with the aggressor and the so-called healthy hating ego in which counter-violence can be the rationalizing result in the person who has the self-image of the victim.

The discussion by Dr. Hacker was interesting and varied, but lacked the impact of thoroughly exploring the preventive and therapeutic approaches through the massive, jagged wall of aggression in the modern world.

Dr. Gorney, the discussant, succinctly described drives as either being spontaneous (i.e., "upwelling," like hunger and thirst) or provoked (by a stimulus such as being deprived or being attacked). This seems like another vocabulary for the Nature versus Nurture theorists. He then described aggression in the animal kingdom as a provoked drive (except in certain fish and geese). The main provokers of aggression were cited as being threats to the claiming of a mate, or food, or of territory.

Gorney made reference to exotic societies (e.g., the Kalahari Bushmen) where aggression is not significantly present. Also he made exotic reference to several authors, one of whom (Ian Suttie) felt that the disposal of the emotional sewage of aggression is difficult in democratic societies. The other writer, Anthony Storr, theorized that aggression is a behavioral plea for a return to the maternal breast.

The audience's discussion focused on the internalization of aggression in character formation, and on the provoking of aggression as a route toward achieving desired immortality by martyrdom. The meeting ran overtime which prevented the developmental orientation group from entering and starting its session promptly. The delay touched off a justly a mildly aggressive clamor in some of the wait members. (See above re the provoking of aggression by a threat to the claiming of territory.)

Philip Alexander, M.D., Reporter

PANEL DISCUSSION OF EQUUS

The play concerns the psychiatric treatment of a seventeen year old boy who blinded six horses one night in a stable where he was employed. The play is so constructed that his psychiatrist can address the audience at various times to state his personal feelings.

From Dr. Lawrence Greenleigh: Equus impressed me as a dramatic work but in terms of content it upset me with its conclusion that the removal of neurotic or psychotic behavior in the patient would take away his "passion for life." My own clinical experience has taught me that the opposite is quite true. I agree with Dr. Lawrence Kubie that the creative process and free expression of passion can be distorted by neurosis. The second point I found striking was the limitation upon the therapist by his own makeup, constituting a strong countertransference problem. His envy of feeling ardor and enthusiasm in his patient reflected a lack of zest in his own life experience, and would certainly affect his ability to treat others.

From Dr. Winthrop Hopgood: I saw the play as a drama of ideas, an expression of an ideology, more specifically a political ideology--political in the sense of making a value judgment on the way society "ought" to be. What has made the play so appealing to audiences? I believe it involves the following wish-fulfilling fantasies: (a) intellectual, educated people are unhappy and inhibited, (b) psychiatrists are really the sick ones, and (c) psychotherapy is crippling--the psychotic is "creative" and creativity is closely related to neurosis or worse, thus catering to the philistine conviction that the artist is crazy, so we don't have to pay attention to him/her.

From Dr. Frank Kline: In a sensitive way the play describes a psychiatrist's treatment of a young schizophrenic. My right hemisphere says the work is flawed. It has powerful moments, but the moments, like the male characters, don't maintain their potency. There is something vaguely disappointing about the characters; they didn't really touch me. With my left hemisphere, I found an interesting case report, a little flawed, and a little unconvincing but basically powerful. The men are consistently weaker than the women. The patient psychically blinds the psychiatrist, and actually blinded the horses. I suspect the author of blinding himself. There is something he won't let himself see. This may account for the characters' lack of dimension.

From Dr. Albert Schrut: I am amused by my own efforts to bridle the meaning of this play. I do feel it is a very good one and comes close to being a brilliant one.

The point at which the play stumbles as an artistic achievement is when the author fails to clarify the source and nature of the conflict which Dr. Dysart has within himself. At one point, the conflict seems to be a homosexual one because Dysart has lost interest in his wife and although Hester is attractive to him, he feels no passion for any woman and only an envy of Alan's passion for horses and his freedom. There are references in the play to Dysart identifying with and envying the boy's intense homosexual interests. He imagines the boy saying to him, "At least I galloped; when have you?"

On the other hand, Dr. Dysart is shown to have conflicts over any interests in life, and he may be representative of society as a whole--a society which he finds dull and jaded. At one point, he could identify with Homeric Greece. Now even this is uninspiring. He visualizes himself as a priest who is more troubled than his patients and is even destructive to them. In the dream at the beginning of the play, the doctor sees himself as cutting out the bowel and heart of children who are being sacrificed in a ritual in which Dysart sees himself wearing the mask of Agamemnon.

But if Dysart finds life uninteresting and has an individual conflict other than a disguised homosexual one, an adequate explanation of its source and nature is missing. I have read and re-read the play, seen the movie and have carefully searched for sufficient evidence to satisfy me as a viewer of the play, that Dysart demonstrated convincing reasons for being personally troubled. If Dysart is symbolic of all humanity, what grounds does he have for claiming that all people lack passion? If he represents only himself as a troubled psychiatrist, who should not be attempting to resolve other people's problems when he has failed to resolve his own, this might be a valid contention and of interest to us if the author had given us an adequate insight into Dysart himself.

In the great Greek tragedies, the nature of the conflicts are clearly spelled out. Agamemnon, in attempting to appease the Gods, must sacrifice his daughter, Iphigenia, or run the risk of losing a great battle and a war. Here the conflict is clearly spelled out. Shakespeare's plays spell out, also, the nature of the conflict. Hamlet must determine whether his mother was involved in the murder of his father, or whether she was merely an innocent bystander and victimized by the uncle. He must further determine what action he must take and finds himself conflicted by his inaction. Lady Macbeth is conflicted over the murder which she has perpetrated. She wishes she has not done it, and struggles with her wishes to undo the deed. There is clarity about the nature of their ambivalence, but there is no such clarity in Dysart's ambivalence--that part of the play falls short of being convincing.

Albert Schrut, M.D., Reporter

THE PSYCHOANALYST AND TRANSCIENCE

Norman Atkins, M.D.

Dr. Atkins' paper, *The Psychoanalyst and Transience*, brings to our attention the themes of transience and death and the intertwining nature of these conceptual models and metapsychological constructs.

The author talked about the assessment of analyzability and why many analysts including Freud felt that it was difficult or impossible to analyze people in their later years. Maybe one of the preoccupations besides rigidity of defenses, is the passage of time and greater possibility of death with its incumbent feelings that are stirred in the analyst himself.

Dr. Atkins feels that psychoanalysts, because they cannot use defenses of isolation and denial for protection, are less comfortable in dealing with the dying patient or death, as are other physicians. Although this is probably true, there are many other reasons. It may very well be that medical psychoanalysts come to medicine in an effort to repair for damage centering around early pregenital and genital conflicts. In some ways, becoming a psychoanalyst allows for the development of a new defensive structure and operational systems which tend to work more comfortably. He or she then may work out issues of death in intellectual pursuit than face them openly and realistically.

Death, a universal concept, a painful concept, is also an ultimate part of life which all human beings must begin to face, recognize, and deal with at an early age. Whatever the psychoanalytic implications are for death and dying, they are certainly inevitable and undeniable. Leo Rangell, as Dr. Atkins demonstrates, has indicated in writings that the pain and trauma of life are probably necessary for the existence of man.

There is no question that Freud himself was realistically obsessed with death, illness, grief and the transience of life. But why not? He lost some of his children to disease; he had a carcinoma for many years; he lost both his father and a brother at an early age. Freud, in his constructs of the unconscious and the conscious and in his efforts to deal with the fear of dying, talked about the ego as the seed of anxiety. He felt that death was something that couldn't be experienced by the unconscious, that the ego itself really did not accept it, and that the fear of death is something that probably occurred between the ego and the superego.

Although Freud spoke about death and correlated it to castration fear, he also talked about its earlier development in the relationship to mother and children's preoccupations with wombs and caskets. He also brought together themes on time, life, and death, as Atkins noted, in the configuration of the mother. Freud felt that man has three

inevitable relationships with women: that with mother who bears him, with the companion of his bed and board, and with the destroyer.

Freud enunciates quite clearly both the genital and pregenital aspects in the development of concepts of death, dying and life. Dr. Atkins also writes about Melanie Klein and her work, but seems to indicate that she differs from Freud in her concepts about the fears of death because she deals with primitive defenses. However, reading Dr. Atkins' paper indicates that both authors tend to be less polarized than we tend to make them. Freud readily acknowledged the destructive aspect of the early mother and her internalization just as Klein would have.

One senses Dr. Atkins is struggling with existential themes. He reminds us again that life is fleeting and transient. It is filled with problems and moments of happiness, but we are requested to look at the quality of life and the chronicity of its problems. How can we, as analysts, in the transient moments that we experience with ourselves, with our patients and with our community, bring to life less pain? Dr. Atkins clearly recognizes that being an analyst and a human being implies pain and problems, some of which are alleviable. In the transient moments we all have in common, we should make efforts to minimize the pain, and reach for adventure and pleasure. In that way when death comes, those who live after us can remain attached to a construct which recalls us in some way as individuals who have had the capacity to give nurture, love, experience and exist, rather than individuals who lived their transient moments without interaction or significance.

If anything, the paper leaves me with a set of philosophical questions. What is the function of man and the function of psychoanalysts and psychoanalytic theory? Life is transient, of the moment, but why is it that trauma and aggression must be so attached to it? Why is the transient moment so pained, with so little relief, as most poets, writers theologians and analysts have written about? Should not the moment be interpreted also as an opportunity for the collective conscious and unconscious to be transmitted to the next generation so that their moments may be enhanced, and so that our death has meaning in the transferring of life experiences and some pleasure to those around us?

The real kernel of Dr. Atkins' paper is found in his final paragraph.

Developmentally we are all bound to time's passage with opportunities for growth and satisfactions, many of which are time-limited and time-phase specific. We are all involved in problems that can be neither totally understood nor solved: problems of time, life and death.

Arnold L. Gilberg, M.D., Reporter

THE COMIC BOOK SUPER HERO

Martin E. Widzer, M.D.

Dr. Widzer is director of fellowship training in child psychiatry at Harbor General Hospital and a Clinical Associate of the Los Angeles Society and Institute. His title deceived me into expecting a light, diverting excursion into applied psychoanalysis. This was not the case. The paper was a scholarly, profound study of the psychological needs subserved by a type of popular modern literature, and its presentation placed considerable intellectual demands on the audience.

Dr. Widzer examined the comic book as contemporary methodology, and with considerable erudition demonstrated how comic book material might offer an individual "sources of identification and vicarious discharge of forbidden impulse." I experienced waves of nostalgia during the slide presentation as pictures of Superman, Plastic Man, The Hulk, Batman, Captain Marvel and other luminaries of the comics reentered my life.

Each superhero was depicted as expressing and resolving conflicts of self and object at a different level of psychosexual development, and therefore could be utilized by individuals whose needs are relevant to that particular area. Thus Superman, the model from which most of the subsequent superheroes were drawn, provides a true expression of those feelings, impulses, and conflicts which are associated with the family romance. By eliminating the parental couple, he attempts to be the true omnipotent one, owing his powers to no one. Widzer correlated him to the normal autistic phase of Mahler when object relatedness has not yet been established and the self is barely distinguished from the environment. Furthermore his costume made from blankets, which his mother on the planet Krypton wrapped him in for protection, may be viewed as the "older child's dim perception of the transitional object." Interestingly enough Superman is only able to maintain object relations by divesting himself of omnipotence and disguising himself as Clark Kent.

Widzer did not neglect the female gender superheroines, the best known being Wonder Woman. Although she is the powerful daughter of the Queen of the Amazons, she adopts a secret identity by assuming the role of Diane Prince, an army nurse. As Wonder Woman, she assumes an idealized maternal role and is defended against penis envy. As Diane Prince, she is devalued, impotent, and unloved, needing to accede to the demands of the "man's world" and is openly subject to penis envy. Dr. Widzer accomplished admirably his purpose of explaining the psychodynamic bases of which rests the mass cultural appeal of comic books.

Dr. James Gooch took off further on the theme of omnipotence describing its pervasive influence in therapy and making several illuminating clinical references. Dr. Bernard Hellinger, the second discussant, touched on several compelling themes including the deriving of strength through symbolic fusion in ancient myth, super heroes, and in analytic therapy.

Marvin P. Osman, M.D., Reporter

Peter D. King, M.D.

This panel was devoted to the discussion of the introduction of developmental aspects to a core curriculum. At the recommendation of the COPER Commission of the American Psychoanalytic Association a workshop was established consisting of a child psychoanalyst and an adult psychoanalyst from each institute in the American. Under the leadership of Dr. Morton Shane, the Core Curriculum Committee has been meeting twice a year.

During Section IV, Dr. Shane presented a new paper entitled "Teaching Techniques with Special Emphasis on Working Through and Countertransference." He postulated that what we call working through is the process of structural development mediated within the analysis by the joint ameliorative effects of interpretation and object relations with the analyst. Working through occurs consequent to each interpretation to include the following steps: (a) receiving and understanding new insight, (b) applying new insight to attain new capacities, (c) conceiving of oneself differently because of this, (d) mourning and overcoming loss of the old self and often old object attachments. The resumption of normal development is not left for the end of the analysis but is an integral part of the analysis itself, especially within the process of working through. He illustrated this with a case presentation and examination of developmental lines.

During the afternoon session, Drs. Calvin Colarusso and Robert Nemiroff, from San Diego, presented "Psychoanalytic Aspects of Adult Development." This was a theoretical extension of a course on adult development. The developmental framework when applied to adulthood, emphasizes the continuing evolution of the personality at five or fifty and "focuses on the formation of psychic structure in process and underscores the continuity of normal and pathological outcomes." Confrontation with each developmental task or crisis produces basic changes in the life of each individual. The authors hypothesized that the nature of the developmental process is basically the same in the adult as in the child, an ongoing process. Fundamental developmental issues of childhood continue as central aspects of adult life but in altered form. Adult events have an effect on adult development and are deeply influenced, as in childhood, by the body and physical change. The finiteness of time is a central, phase-specific normative crisis precipitated by the recognition and acceptance of the finiteness of time and the inevitability of personal death.

Dr. Paul Click, the discussant, directed himself primarily to the novel idea of introducing the developmental approach into curriculum, with both enthusiasm and caution.

Kato van Leeuwen, M.D., Reporter

With regard to Dr. King's presentation, my expectations were exactly the opposite of Dr. Widzer's. This I thought was going to be heavy, challenging -- a mental exercise which thankfully, would be preceded by the morning coffee. This, too, was not to be the case. Peter King has a talent for presenting in a lively, stimulating manner which enlists the interest and sympathy of the audience.

He described his own individual researches with schizophrenia and related disorders during a period over twenty years starting in medical school when he developed a conviction that somehow schizophrenics "were teasing us" and could be understood. From that time on, he became a kind of one man research team with results which compel attention. His first paper (1957) gave an explanation for the mechanism of symptom formation in schizophrenia, postulating that symptoms resulted from self hypnosis by inner fragments of the personality. Corroborating this theory was evidence that all symptoms of schizophrenia could be duplicated in normal subjects under hypnosis.

Then there followed other papers which suggested that schizophrenia originated in a "double bind relationship between mother and child during the first six months of life." The resulting discomfort caused the child to escape into a state of trance, leaving it with a predisposition to use this escape later in life and giving it a susceptibility to hypnosis from within to cause schizophrenic symptoms. This explanation, he felt, was consistent with a number of observations including anthropological data from the island of Bali and the work of other researchers who noted the "double bind" among schizophrenic adults and their families. He presented fascinating data from his analysis of an autistic male child which led to observations that dovetailed with his earlier theories. This child has improved greatly in therapy and may be the first autistic child who will be able to establish a heterosexual relationship. These observations emboldened Dr. King to present his interesting formulations as a general theory.

Dr. David A. Thiele discussed Dr. King's paper by questioning the general applicability of his theories, but also by recounting an interesting clinical vignette of a schizophrenic patient calming herself by reflecting that her frightening hallucinatory symptoms were merely a self hypnosis.

Marvin P. Osman, M.D., Report

INSTITUTE NEWS

CLINIC NEWS

The Clinic continues to have openings for patients who would be suitable for analysis in its program. There are a number of Clinical Associates requesting cases--some as first, second, and third controls. It has been difficult to find suitable patients in the Irvine-Newport area, as well as the West Valley Camarillo area. Referrals from our members and clinical associates, our best referral sources, would be welcomed.

In February 1978, the Clinic surveyed the current status of former Clinic patients who had been transferred to private status to update information obtained in a similar survey a year ago. Twenty-four Clinical Associates were involved and all responded. The results show:

- .eleven patients are still in treatment on a private basis.
- .thirteen are no longer in treatment on a private basis. Of these thirteen patients, five were carried to completion and the treatment of eight was interrupted by the patient.
- .all patients whose treatment was interrupted qualified as one of the supervised cases required by the Institute.

In summary, forty-two percent of those no longer in treatment were carried to completion (compared to sixty percent from the previous survey), and fifty-eight percent interrupted (compared to forty percent from the previous survey). It is interesting to note that one patient who was expected to go to completion interrupted after 658 hours. The significance of these statistics will be studied by the Clinic Committee.

Special appreciation is extended to the Auxiliary of the Southern California Psychoanalytic Institute and Society for its \$1,000 contribution. The funds are from proceeds from the continued sales of the Auxiliary's cookbook, The Couch and the Kitchen. Copies are collector's items and are still available for sale.

Marvin P. Osman, M.D.
Director

SOCIETY NEWS

FROM THE PRESIDENT

My March Through Georgia. In Atlanta, to attend the American Psychoanalytic Association meeting, I shared a cab with Dr. and Mrs. Ralph Greenson and Dr. Joe Yamamoto. Joe was going to be installed as the new President of the American Academy of Psychoanalysis -- also meeting in Atlanta. I felt proud of Joe and glad that he is one of ours. Dr. Greenson was discussing with us his reactions to Dr. Langs during his recent visit to Los Angeles, on which occasion the latter had delivered the annual Franz Alexander Lecture. We agreed that Langs was one of the more productive and creative current contributors to the psychoanalytic literature, that he had much to teach us about the importance of maintaining intact the structure ("frame") of therapy, and about the care the analyst should take in his interventions with the patient. On the other hand, Dr. Greenson revealed that Langs had entreated him to present (to Langs) a session with a patient for his comments. Greenson, however, felt constrained to refuse. "I told Bob nothing doing; I've read your books. I know what you do to those poor students who present cases to you." I told Greenson that I had not been so well forewarned and that, along with some other poor souls, had consented to present to Langs. He commiserated with me, and agreed that Langs, admirable as he is, was too pure in his technique for our blood.

One of the more interesting addresses made at the Presidents' meeting was by Dr. Milton Meltzer, Chairman of the Insurance Committee. He discussed the recent problems of the Michigan Psychoanalytic Society with the "Blues" (in which contracts to supply coverage for outpatient visits had been drastically cut) had alerted the Council to the danger this posed to psychoanalytic practice. He pointed out that fifty-two percent of psychoanalytic treatments are paid for, at least in part, by third parties. The situation in Michigan is felt to have implications for the entire country. Therefore, it will be recommended by Council that a standing committee be set up to deal nationwide with insurance issues. Dr. Meltzer said that unfortunately this is an area plagued by denial. The provider, of course, is motivated strongly to reduce coverage despite several studies which indicate that patients in analysis in the long run reduce costs to insurance companies due to lesser utilization of good medical treatment. Consumers are inclined to face away from thoughts of ever needing psychiatric help. Thus, according to Meltzer, "We have to tell them what's good for them."

There were two scientific meetings which particularly impressed me. One was a presentation by Dr. Loretta Loeb, San Diego, and Dr. Morton Shane, of the Los Angeles Psychoanalytic Institute -- of a successful analysis of a five year old transsexual boy. After

Dr. Loeb's talk, Dr. Robert Stoller, also of the Los Angeles Institute, suggested that the findings of the paper would compel him to re-think some of his views of the nonconflictual origins of gender and sexual identity. Dr. Charles Socarides, New York, however, seemed pleased as he noted the findings corroborated his observations of the origins of transsexual phenomena in mishaps of separation-individuation and early conflicts bearing on relationships with the parents.

The other presentation of note was the plenary address given by Dr. Hans Loewald. I confess to a feeling of veneration as this stalwart patriarch of psychoanalysis, a refugee from Nazi persecution, began to speak in deliberate, measured cadences about "The Waning of the Oedipus Complex." He stated something which I have known for some time but, to my memory, have never heard anyone say: that the assumption of adult personality and achievement is viewed, in a sense, as an act of parricide. In other words, acting responsibly in itself may cause guilt which constitutes an inescapable aspect of development.

At lunch, Drs. Mark Orfirer and Leonard Gilman, President and President-elect of the Los Angeles Society, Charles Stone and I met with various representatives of the Societies of the Western Region to present our plans for the Western Regional Psychoanalytic meeting which is scheduled for March 30 to April 1 at the Century Plaza Hotel. We had a warm and fruitful discussion culminating in assurances from all present of their wholehearted cooperation. Dr. Brandt Steele of the Denver Psychoanalytic Society, indicated that there was some conflict within his group as to which direction to turn toward: east or west.

At the business meeting of members, Drs. Al Coodley, Charles Stone and I gave support to Dr. Walter Briebl in his efforts to obtain acceptance of his proposal that the Association take action along lines recommended by the Amnesty International to inquire about the welfare of various psychiatrists and psychoanalysts who have been taken into custody by the aggressive Argentinian Junta. With insistence and guts, Walter managed to cut through innumerable barriers to be properly heard. This might not have been possible without the considerateness and sympathetic response of President Alex Kaplan.

On the flight home, I shared thoughts of the meeting with Dr. Joe Natterson, who had conducted a highly successful workshop on dreams. The time in Atlanta, was for me, a pleasant respite from my usual activities. I fully enjoyed representing the Society at some business meetings, mixing with friends, being enlightened by scientific discussions and seeing the sights of a venerable old city, often referred to as the capital of the New South.

Marvin P. Osman, M.D.

(Ekstein, continued from page 10)

In Vienna, Bernfeld, Anna Freud, all of us thought of our type of educational knowledge as a revolution -- a revolution that would bring about the total change of the current educational system. Since we opposed the whole thing at a time when the revolution was failing, we were unable to provide the kinds of situations that make it possible to connect islands; that is, to provide for collaboration between education and psychoanalysis. It seems to me as I look at the American scene, however, that it is possible to build such bridges by means of small pilot projects. Change has always come about in the presence of such projects because they supply the groundwork for collaboration in preparing teachers to be better teachers. "better teachers," I do not just mean that one understands one's unconscious and the unconscious of the child, but that one knows about methods of teaching, about age-appropriate reward and punishment, about adaptive and cognitive processes as well. In other words I would love to eliminate the isolation of psychoanalysis of thirty or forty years ago and try to make it a science among all the others. Not an outcast science, as was the case in the beginning, but a science that joins the university.

In a few days I shall go back to Vienna where I've been invited to teach the treatment of schizophrenic children and play therapy, but I will also work with teachers for the Gemeinde Wein -- with kindergarten, elementary school and high school teachers. Some of the students of Freud and Aichhorn and of the other original leaders who had been trained after the Second World War, have started once more a Psychoanalytic Institute. The Institute will move back into Berggasse 19, the house where Freud lived. A museum is there now, but we are not satisfied to have a museum. We are going to make it into a living center of learning and research.

I think we have overcome the early isolation, and are ready to be scientists who work with other scientists in open and productive give and take. If we succeed in doing that then we will have given up the early isolation. For some of us older participants that will not be very easy. If one has been a Sisyphus for many years, it is very hard to give up the laborious, stocial isolation. But if we now build a bridge for working together with others, we've got to give up the idea that we are revolutionary outcasts in an isolated movement. We have to join the other social scientists, the other behavioral scientists in the open unity of science which can occur in a free society.

EDITOR'S NOTEBOOK

Through the Looking Glass

I, for one, firmly believe in the responsibility of the consumer to decide what kind of healing she/he wants; that state intervention should be kept to a minimum; and professionalism per se has little intrinsic value and the state should not promote professional hubris with unnecessary licensing laws.*

Jeoffrey Gordon, M.D., Chair
President, Division of
Allied Health Professionals,
Board of Medical Quality
Assurance, Sacramento, CA

Such was the chairman's philosophy at the Division meeting in Culver City June 9, 1978. Facing the four Division members and their staff were over thirty people who included representatives from the San Diego, Los Angeles and Southern California Psychoanalytic Institutes as well as other interested types. Most of the discussion was directed by and at Dr. Gordon. The central issue concerned the educational standards of the proposed regulations in the Research Psychoanalyst Bill (AB 246). The institute representatives shared Assembly Majority Leader Howard L. Berman's view that, "The individuals included under AB246 would be those whose primary focus was in a scholarly area in which they taught or did research and who in addition engaged in psychoanalysis with a few patients." The Bill specifically states that the training of research psychoanalysts is to be equivalent to the training presently offered in the four existing California psychoanalytic institutes.

The chairman displayed a provocative mix of naiveté and sophistication. For example, he was willing to accept a Jungian claim that psychoanalysis need only require one or two sessions per week. Later, when the Jungians were against the graduation requirement of carrying a case to termination, Dr. Gordon pointedly inquired, "If the transference was a crucial part of therapy, how would it ever be resolved unless you go through termination?"

Overall, our representatives conducted themselves in a dignified manner refusing to be drawn into disputation with the chairman. Hence, emotionality did not prevail. The next meeting will be held in San Diego in September. If you can be there, do go. The experience will be illuminating.

In Memoriam

The world of psychoanalysis is a poorer place since last spring as I note the passing of two friends: Irene Josslyn and Meyer A. Zelig.

Dr. Josslyn was a past chairperson of our Child Analysis Section who resided in Phoenix, Arizona. A memorial meeting dedicated to her will be reported on in the Fall issue of the Bulletin.

Dr. Zelig died at his home in San Francisco on March 20. You may recall his contribution to the Bulletin of December 1976. He wrote a precis on his unpublished book Ordeals of Loyalty and Betrayal dealing with the relationship between Richard Nixon, Alger Hiss and Whitaker Chambers. Dr. Zelig's previous work, Friendship and Fratricide (1967) was a widely read dual psychobiographic study of Hiss and Chambers. Over the years he was an important contributor on many topics, including studies on silence during the analytic hour and on "acting in." His great enthusiasm and verve was shared with many colleagues in our discipline. Meyer loved his family, his friends, psychoanalysis and tennis. His death is a loss to our profession and to all who knew him.

Psychoanalytic Practice, Con't.

The last Interim Progress Report** from the ad hoc Committee on Psychoanalytic Practice addresses itself to pragmatic aspects of our professional lives not usually found in scientific journals. Younger analysts who are active members tend to have increasing practices, analysts in mid-career to have stable practices, and senior analysts to have declining practices. Analysts who are active in their local societies and/or in the American Psychoanalytic Association have more active practices than those whose participation has declined. In the West, analysts practicing in Washington and Oregon have, on the average, more analytic patients in therapy than do those in California. The single major source of analytic patients is by referral from other analysts. As Dr. Daniel Shapiro states, "The moral seems to be to get your colleagues to like and respect you."

*Self Determination II March 1978
Inter/ACTION

**Report prepared by Daniel Shapiro, M.D., Co-Chairperson, Committee on Psychoanalytic Practice.

REGULAR FEATURES

PSYCHOANALYSIS AND THE LAW Malvin Braverman, M.D.

Psychoanalysis can contribute much to the understanding and, perhaps, change in the method by which the law is implemented and realized, that is, in the Court. If anything has contributed to the decline of the perception of law as "fairness," the pattern by which the law is represented in the Court must be given an important position. The emotional impact of the Court architecture almost demands investigation. Why indeed must the architecture of justice be modeled after the fortress - prison mentality - so that the entirely innocent, uncharged person feels already frightened with ineffable guilt and dread by the simple entry into that box of a chamber, margined by blank, monotonous walls. Each chair appears touched with the grief of foreboding indifference. The twelve empty places of the jury constitute even in their emptiness a desolation of the spirit. While in the American law there is emphasis on argument, challenge, and contention rather than the majestic (pompous?) judging of the European Courts, the essence of the Inquisition dominates the Court, yes even in America. It would appear that the Court is untrusting of the persons who enter until they are made to bear, to some extent, once again unresolved burdens of childhood, to which a response may appear in the form of resentment, surrender or arrogance. Indifference, although pretended, does not long obtain in the face of the persistent, dreary numbing procedures which abrade dignity and intactness of the self. While the sense of freedom is presumably augmented by the adversary process ("The fair fight is which the best man wins."), there is the not so subtle implication that siblings are better able to decide among themselves by "a fair fight" (as if there ever were such a thing) what is "right" rather than by recourse to authority. In fact, by the evident appeal of the "adversaries," in their occasional theatricality, to the jury (the common men, society, maybe even the "mob"), there is clearly a shift to jury rather than judicial dominance. Adversary procedures increasingly use the subject of the litigation as an object of dissent, rather than as a feeling, perhaps somewhat agonized, individuated being. It was Dean Pound, of Harvard, who pointed out the "game nature" of the adversary pattern of arriving at truth, and by extension, from a psychoanalytic view, one may note it comes very close to "play" and "make believe." It should come as no great surprise that the savaging of one attorney by another in the Court is to be followed by amicability of a quite genuine nature, as if indeed "it" never happened, as indeed unconsciously, "it" never did. Pound, as is to be expected, in respect to his comments about the adversary system, has been permitted to remain unattended except by scholars, most rarely by judges. Perhaps, the explanation by psychoanalytic means

of what is taking place, at a deeper level, in the heads of the "adversaries" might make less substantive the asseveration that the adversary system has as its primary focus the search for truth. The adversary system appears loosely to be more nearly "democratic" in the Jeffersonian sense and derives from this affiliation a meaningful source of its strength and persistence. Although the trappings of tradition (authority) persist, the attack upon authority is clearly evident in the adversary system - bringing about an extraordinary paradox in the American system of justice. As has been and continues to be discovered in analysis, at some point, after all the testing is complete, the authority of the analyst is to be trusted. The persistent degradation of the authority of the analyst is the persistent degradation of the self.

NEWS FROM IRVINE Gil Morrison, M.D.

Louis A. Gottschalk, M.D. was one of two winners selected to receive the Foundations' Fund Prize for Research in Psychiatry for his paper on psychiatric research.

The Award, which consists of a plaque and an honorarium of \$750, was presented at the Convention of Fellows during the Annual Meeting of the American Psychiatric Association in Atlanta, Georgia.

Dr. Gottschalk was selected in March to serve as a Scientific Program Consultant to the Chief of the Mental Health Study Center, Division of Mental Health Service Programs, National Institute of Mental Health. Scientific Consultants are an important advisory mechanism to provide for the assurance of continuing scientific excellence in the Center's research program.

MHSC Scientific Program Consultants consist of five to seven nationally prominent scientists in such diverse fields as psychiatry, psychology, sociology, social work, and statistics.

CLINICAL ASSOCIATES

Gary A. Chase, M.D.

This is my last column in the Bulletin this year as my term as President of C.A.O. has ended. My thanks goes to Larry Pomer for having invited me to contribute to the Bulletin helping Clinical Associates to keep abreast of our activities. I am grateful for having had this opportunity as it ultimately has provided me with an understanding of the delicate balance always present in political organizations. Viewing the administrative end of the institute turned out to be a fascinating experience.

However, I have a few concerns as the year ends. This year was not only one of some apathy on the part of Clinical Associates but also it was one when the institute received its fewest number of applications. Also, there is still a painful lack of minorities among us. I don't know the reasons for this but I would hope our organization might, at least, become more active in the community so as to effectively continue the wonderful legacy we are inheriting.

I would like to list some of our activities over the year which I think were important highlights.

1. Continued efforts to have the President of the C.A.O. on the Executive Committee of the institute. My approach was to present the idea that having a Clinical Associate on that important committee would help inform the committee of a more complete view of the Clinical Associate Faculty dyad. I also reassured Ruth Aaron that a Clinical Associate would not feel sensitive about having one of his/her colleagues hearing what is said at the committee meetings as having a representative on the committee is better than not having such a representative. I do think the President of C.A.O. would not just be an advocate for the Clinical or Research Associate but would also be an advocate of the institute. Special thanks to Ruth Aaron, Herb Linden, Paul Click and Gerry Goodstone.

2. I sought throughout the year to influence the Student Progression Committee to edit their reports carefully in order to diminish analytic interpretations and limit their comments to academic performance. Thanks again to Ruth Aaron and Gerry Goodstone.

3. Contact with the Los Angeles Psychoanalytic Institute's Clinical Associate Organization's Executive Committee was made in what turned out to be an historic collaboration. Next year a seminar weekend with them on narcissism is being planned.

4. Our Program Committee continued, and we were stimulated by the instruction of Joe Natterson on Dreams, Norman Levy and Sam Eisenstein on the Transference Neurosis, and Mardi Horowitz on changes which occur as a result of psychoanalysis. Dr. Horowitz's delineation of emotional states, self images and role relationships, and information processing or changes in thinking all of which are used as measurements of progress, was a profound addition to our armamentaria. Dr. Horowitz also suggested we try and have senior faculty present cases. I suggested this idea to the Executive Committee. We look forward to another year of programs.

5. A brief word on Robert Langs, our Franz Alexander Lecturer. The weekend stimulated considerable and controversial discussion and I hope in spite of varied feelings Clinical Associates will be permitted to have a significant voice in the selection of the lecturer.

6. Finally, the Curriculum Committee, at our suggestion, has created a seminar on psychoanalytic writing.

Next year, Jeff Drezner is also planning to create a patient referral service for Clinical Associates. Ruth Aaron has suggested a seminar for spouses be created. I want also to express appreciation to Kato van Leeuwen for her enthusiasm in attempting to stimulate interest, participation and creativity among Clinical Associates flirting with the child analysis program. Kato continues to try and assess Clinical Associate interest in the face of some apathy. She plans to review the possibility of starting the child analysis program earlier in seminars so Clinical Associates could begin sooner. Those interested need to contact Kato. And along those lines, I want to express sincere gratitude to Marie Briehl for her dedication and valuable guidance to Clinical Associates over the years as head of the Child Analysis Program.

Thanks to my executive committee: Gerry Windler, Jeff Drezner, Robert Shain, Jay Scott and William Winslade, for their help and work. This was the first year we had a Research Associate on the committee and Bill's contributions were valuable. Thanks, too, to Loren Woodson, Gary Lourie and John Hochman for their committee participation.

Congratulations to both Laila Karme and Al Hutter for winning the Franz Alexander essay prize. Congratulations also to Laila and Ray Friedman on their early graduation and stimulating theses.

I wish you all a pleasant summer.

REPORT FROM GERMANY

Robert J. Sokol, M.D.

Once again your roving correspondent in Frankfurt feels the blue ink in his veins. It is my hope that these letters find some interest. I plan to fulfill my threat to deluge your ears with Drug and Alcohol problems in the Army, and any comments, discussion or criticism from the reading audience will be welcome, particularly as I am so intimately involved that your "distance" will be helpful to me in retaining (or achieving) some objectivity.

In our department, we have an extended care treatment section (thirty days intensive in-patient therapy) for those who voluntarily wish help in giving up their addiction. Secondly, our in-patient service deals with acute Drug or Alcohol detoxification amounting to about sixty percent of our 110 acute psychiatric admissions per month. Thirdly, we provide consultants to the twenty-six CDAACs (Community Drug and Alcohol Treatment Centers) in our MEDDAC (catchment area). The major community treatment programs are under "line" control and are not part of the medical command.

When I first arrived, I made the mistake of asking what are the "cure" rates of our extended care program. I have subsequently asked the question of the broader Army programs -- no one knows, and if they do, they "ain't telling." I didn't even ask anyone to define "cure" and was willing to accept the definition of, "This guy's not giving us anymore trouble." Now it may be that someone in Washington has the answer I seek but to this point it is still a secret to Europe. I suppose that, in truth, we had and have similar problems and issues in many programs in civilian life. In the last letter, I mentioned that we lose about 800 men per month from Europe on various administrative discharges (unsuitability, Drug and Alcohol abuse, etc.) which are inextricably intertwined. What I did not mention is that this represents the fact that forty-eight percent of soldiers sent to Europe on their first tour of duty, fail to complete that tour.

I'll move away from the politics of the issue and get down to some interesting clinical issues. We have a chronic heroin problem in Europe which tends to rise and fall with the vicissitudes of supply. Right now we are in an up-trend and we average about twenty-five admissions per month for heroin detoxification. The users tend to break down into three categories: those whose usage antedated their Army experience and continue, those who were introduced to its use and become habituated in the Army, and those who remain occasional experimenters. All are unhappy youngsters who represent behavioral problems to their units. Of interest is the fact that very few have severe withdrawal symptoms and purposely I used the word habituated in contrast to the more

extensive addiction seen in civilian populations. We are now in the process of obtaining six-month post-hospitalization data -- from a behavioral (unit) level and from the community treatment program level. If my guesses are correct, we shall find that over ninety percent have either been discharged or continue to represent severe behavioral problems, and function in a relatively ineffectual fashion. If this indeed turns out to be the case, I intend to recommend to the Army that we change the roles of the "ballgame." I would recommend that anyone involved in the use of heroin be automatically given a non-punitive discharge with one exception -- namely if the individual and his unit commander both desire a rehabilitative treatment program.

This may sound like a hard line approach, but that is not the intent. My emphasis is on preventive psychiatry. I believe the psychodynamic evidence is that these individuals who turn to drugs, in general, tend to have rather rigid (infantile and unrealistic) ego ideal systems with sets of internal guidelines which are hopeless of achievement. From an object relations point of view, their introjects are harsh and punitive and readily projected with the resultant distortion of the environment. Particularly is this so if the external guidelines are vague and indistinct (as well as excessively harsh). It is my contention that if there are indistinct or blurred external guidelines that this will activate the internal problems and foster the battles between id and ego and the external environment which is now distorted by the projected superego. This is a fairly complex way of saying that I believe that firm, fair and consistent guidelines will help prevent the kinds of conflict that lead to heroin use as a symptom formation. Actually, most of these youngsters begin their use of drug as a defense against depression and I believe that if the consequences of that particular defense are clearly known, we may limit the emergence of a "new" illness.

Some colleagues may be of help in spreading this request. We have a position available for a civilian child psychiatrist in the department. This is a 40-hour week civilian position at a salary of about \$35,000 per year plus housing allowances, PX privileges, etc. If any of you know someone who would like to spend three years in Europe working with a top-notch young military child psychiatrist, please have them contact me as soon as possible. Thank you.

I hope this finds you all well and I shall be writing again shortly. Phyllis is gearing up for an article on the wife's view of the Army, and perhaps you will have it in the near future.

BOOK REVIEWS

A Review Essay by Peter Loewenberg, Ph.D.

Freud, Jews and Other Germans: Masters and Victims in Modernist Culture. Peter Gay, Oxford University Press.

"The writing of German history," says Peter Gay, "is laden with, mainly unexamined, countertransference." How right he is, and how desperately that examination needs to be undertaken! Gay begins the task of re-examination in this volume as he in turn takes Sigmund Freud out of Viennese society and defines him in the German cultural world, and as he denies a Jewish thrust at the heart of "modernism" in Wilhelmine German culture and the culture of Berlin. He also analyzes the self-hatred of Wagner's Jewish conductor Hermann Levi, defends Johannes Brahms as a "modernist," and salvages the reputation of Wagner's bete noir, the music critic Eduard Hanslick. Gay's thesis is defensive -- against the no longer relevant early twentieth century conservatives, anti-Semites, and the Nazis, who attributed to the Jews the corrosive forces of socialism, pessimism, liberalism, expressionist theater and literature. Jews and the cultural forces they represented were hated and feared by the German right as symptoms of moral decay. Gay correctly points out, this was a German "decay" which many non-Jews fostered and most German Jews resisted rather than welcomed.

Ten years ago Peter Gay published a book arguing that all those who embodied the rich culture of Weimar, those who created the modern movement: "Jews, democrats, socialists," were "in a word, outsiders" of the preceding Wilhelmine Imperial era. Although the styles, careers and accomplishments of the Weimar Republic had antecedents in the Empire, they had existed as an opposition. With the birth of the German Republic the forces of modernism became "insiders" for a brief fourteen years of crisis-ridden cultural flowering. Weimar was a hothouse of intensive creation and criticism, of new art forms, theater, literature, architecture, burning at a white heat as though its participants knew disaster was close--that it was soon to be consumed forever in an historic catastrophe.

Now Gay insists that German Jews were not primarily modernists and that cultural "outsiders" or modernists were not Jews. This places Gay in the forefront of the re-examination of the German-Jewish heritage that currently engages leading scholars in Germany. He attacks the notion that German Jews should be identified with modernism at all in German or Berlin culture. There is, he protests, no recognizably Jewish way of thinking and feeling.

Gay is correct in his demonstration that German Jews were not synonymous with "Modernism," that in fact many of them were conservative, and others were banal and undistinguished. Aside from questions of representativeness and proportion, there is a major distortion in putting the question on where Jews stood on the aesthetic-cultural issues of modernism. He is answering the charges of German conservatives, anti-Semites of all patinas, and Nazis of the 1920s and 30s, that Jews were responsible for "modern" decadence in the theater, art, journalism, that Jews were cultural radicals who dominated the intellectual life of Berlin and were the corrosive agents of urbanism, sexual promiscuity, mass merchandising, and sharp business practices. As Gay demonstrates by careful examination of these shibboleths, both Jews and non-Jews were cultural innovators, critics and defenders, impressionists and expressionists, conservatives, socialists, journalists, businessmen, and stodgy fools.

I accept the accuracy of Gay's formulation that most Jews were not modernists and most modernists were not Jewish. Most German Jews solid Bürgerlich middle class conservatives, good Germans, loyal nationalists, and they had conventional tastes. Certainly a majority of the left and the literati were not Jews (viz: Brecht, the Mann brothers, Hesse, von Ossietzky, etc.). Yet, when all this is said, there remains the problem of proportion of Jewish contribution to German and modernist culture relative to their number in the population (which in Germany was less than one percent), and by contrast, their relatively large number among the left, the intelligentsia, and the cultural leadership. To cite only an example from politics, Donald Niewyk estimates that roughly ten percent of the leaders of the Social Democratic Party had Jewish backgrounds.

Beyond the issue of proportion of active agents in cultural innovation is the lack of awareness that the German Jewish experience created a special cultural sensibility, a nuanced and delicate perceptiveness to matters of language and symbol of which Freud and Gay are but examples. As Ismar Schorsch points out, "We have hardly begun to explore the involved interaction between a disturbing but tolerable level of anti-Semitism and Jewish creativity in modern Germany." This is an exploration which Gay not only fails to undertake, but a premise which he obviously denies. To him there was no special Jewish creativity in the German cultural world before the Holocaust.

The case that Gay does not meet, and it is the relevant one, is that Jewish existence in the German Reich was fraught with an ever-present consciousness of differentness and what Fritz Stern in his study of Bismarck's banker, Gerson von Bleichröder, terms "perpetual vulnerability." This sense of separateness and position of cultural vulnerability was poignantly expressed by Ludwig Bjorne in 1832:

It is kind of a miracle! I have experienced it a thousand times, and yet it still seems new to me. Some find fault with me for being a Jew; others forgive me; still others go so far as to compliment me for it; but every last one of them thinks of it. They seem caught in this magic circle of Jewishness; none of them can get out of it.

What is missed by Gay's strategy of argument is best seen in his treatment of the insights and career of the sociologist Georg Simmel, who was baptized as a Protestant at birth. Simmel nevertheless personally experienced the Jew's vulnerable position in German society. He was denied a professorship until he was fifty-six, and then it was at the boundary of the German Reich--at the University of Strasbourg. Simmel in 1908 defined the Jew in European society as the prototype of the "stranger," who, "embodies that synthesis of nearness and distance which constitutes the formal position" of not being "radically committed to the unique ingredients and peculiar tendencies of the group, and (he) therefore approaches them with the specific attitude of objectivity! But objectivity does not simply involve passivity and detachment; it is a particular structure composed of distance and nearness, indifference and involvement."

Yet, Gay dismisses "The Stranger" as a "brief excursus in his largest, most comprehensive work" which, although "uncannily prescient" and "prophetic," is not essentially German Jewish. Gay shows that Simmel was a cosmopolitan scholar influenced by, among others, Comte, Spencer, Kant, Hegel, and Marx. While conceding Simmel's personal identification with "The Stranger," Gay would obscure what Simmel has to say about his own and the German Jewish situation by reducing it to no more than any other of Simmel's commentaries on culture.

Georg Simmel's sociology, Gay assures us, "was no more Jewish, no less German, than Max Weber's." But Weber did not deal with the exposed and vulnerable position of the stranger. It was not his life problem, as it was Simmel's. Why does Gay choose to deny the obvious personal relevance of Simmel's essay, as well as discount its importance as a contemporary analysis of the anomalous marginal Jewish position in German society?

Gay vigorously pursues the case that Freud was not, culturally speaking, a Viennese or Austrian at all. He places Freud squarely in the larger German culture of Northern Europe. Is there a sense in which Freud was specifically Austrian? What were the differences between German and Austrian culture? The culture of Germany is a culture with many centers and with a non-Jewish core. The culture of Vienna is the culture of Austria. Austria had no Goethe, Schiller, Lessing, or Kant. Viennese culture was an amalgam of Eastern European with German and Latin influences. The catalyst was the Jewish intelligentsia one or two generations removed from the eastern provinces of the Habsburg Empire. Freud's Jewish wit is not of German culture. It is influenced by the Yiddish culture of Leopoldstadt, the crowded Jewish quarter of Vienna where Freud's family lived after their arrival from Moravia. The triumph of "modernism" and the demographic accession of Eastern European Jewry to Vienna coincided. It is a matter of two generations. With few exceptions all the early members of Freud's circle were Jews, and most had themselves been born in the Austrian provinces and emigrated to Vienna as children, as had Freud.

It is the element of a meeting of cultures in Vienna that constitutes the ambiance of Freud's creativity. While some interpreters of Freud have chosen to emphasize the analog of his method to Jewish mystical interpretation and the pilpul of Torah explication, and Peter Gay stresses his affinity to the larger Northern German culture, both of these views are distortions. Gay's lifting out the influence of mainstream German culture on Freud is not wrong, but it is one-sided. The mixture of Jewish background with German and classical Latin culture in Vienna, Freud's transmission of what he learned from Charcot, Janet, and Bernheim in France, created the amalgam of fertile mixing between cultures for which Freud and his generation of secularized Jews were the catalysts. The specific historical resonances of this blending, such as clerical reaction and Freud's reception by the Viennese medical and academic communities, are what made the unique seed-bed that spawned and nurtured the psychoanalytic strand of modernist thought.

The essence of the crippling effect of persecution is that the victim internalizes his own self-image and conduct the values of the persecutor. The sadist and the masochist form an exquisite dyad in which each identifies with parts of the other in executing the act of humiliation. The special horror of Ingmar Bergman's The Serpent's Egg is the awful portrayal of a Jewish cabaret owner who anticipates an attack by fascist gangs and passively waits for it. One night in November 1933 the uniformed bully-boys break into his club, but the patrons together, read a proclamation against the Weimar Republic, then ask who is the owner. A woman "entertainer" points him out, "There is the Jewish sow--Judensau." The leader of the hoodlums walks up to the Jewish proprietor and sweetly says: "Your nose does

not appeal to me." He asks the Jew to take off his eye glasses so they won't shatter. The Jew quietly hands over his glasses. The hoodlum calmly folds them and places them in the Jew's breast pocket. Then, as the carbarret crowd stands by, he proceeds to smash the Jew's face on the table a dozen times. We only hear the sound of flesh, gristle and bone being pulverized.

The truth in the film is that Europe's Jews had been programmed for a thousand years to adjust to persecution--to comply, to hide, bribe and hope the scourge would pass--and eventually it always did. The Nazi brutality was of a new order of evil that used Jewish compliance to carry out its murder. This compliance with the wishes of the tormentor is what makes the Jewish victim in Bergman's film so poignant and so true. Because of this truth, the post-Holocaust Jew and his national personification, the Israeli, would in the first place have had thugs of their own if they expected attack and secondly would have been armed and in confrontation would have killed rather than hand over their glasses or their person to the sadists.

AWARDS ANNOUNCED

The Journal of the American Psychoanalytic Association has announced an annual prize for the best essay by an advanced clinical associate or research graduate. A clinical essay would not be mandatory for the Journal prize, but since all graduating candidates have clinical reports in progress, meritorious reports might be developed into a paper for the Journal. A second prize is offered for any outstanding contribution by any author on any psychoanalytic topic.

Your Bulletin, too, is seeking original psychoanalytic contributions which inform, stimulate and are evocative. Our prize for the best essay published in the Bulletin during 1978-79 will be a citation and, at this moment, the virtue attendant such an event.

20TH ANNIVERSARY CELEBRATION

INSTITUTE FOR STUDIES OF DESTRUCTIVE BEHAVIORS
AND THE SUICIDE PREVENTION CENTER

November 17, 1978 Beverly Wilshire Hotel

An All-Day Meeting and Luncheon will be aimed at the professional community and concerned citizens about new developments in the field of destructive behaviors. The Keynote Speaker will be Dr. Gerald Klerman, Director of the National Institutes of Alcoholism, Drug-Abuse and Mental Health, Washington, D.C. Robert E. Litman, M.D., Co-Director, will moderate the morning session "20 Years of Suicide Prevention - A Review." Norman L. Farberow, Ph.D., Founder and Co-Director will moderate the afternoon session "The Study of Destructiveness - A Look into the Future."

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