

Los Angeles Psychoanalytic
Society/Institute



BULLETIN

VOLUME 6

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FALL, 1969

".....We congratulate you, Leo, upon your election to the Presidency of the International Psychoanalytic Association and we also congratulate the International Psychoanalytic Association, its members and those psychoanalysts and candidates who are not yet members, for having in you the best person they could have chosen to fill the position. We are confident that your contributions will further psychoanalysis and we anticipate them with pleasure. We are proud of you, pleased with you, and honored by you. It is my hope that we, the members of your Society carry on in such a manner that you can reciprocate these sentiments."

Helen Tausend, M.D.

October 19, 1969

Party honoring Leo Rangell, M.D.
upon his election as President of the
International Psychoanalytic Association.

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EDITORIAL

There is an old proverb which gilds silence yet only silvers speech. Its influence may explain the traditional response to an editor's plea for contributions, despite the intensity of his passion, or the loftiness of his rhetoric.

The Staff of the Bulletin would like to break that tradition, and stimulate wide participation by its readers. To this end, we are including a letters-to-the-editors column for Members and Candidates to voice their reactions, or submit suggestions.

Also planned is a column for brief clinical communications, relevant to the theory and practice of analytic psychotherapy. Short essays, little therapeutic vignettes, isolated inspirational ideas, - of themselves too pithy for a full paper, or too informal, - all may here find their niche.

It has always seemed a pity that in our roles as analysts, within the confines of privileged communications, and beneath the burdens of overwork, we so seldom manage to preserve the anecdotal experiences, which enrich our own lives, and could be shared with others. "In jokes," slips of tongue, parapraxes, clinical dilemmas (with or without their ingenious solutions), or proud tours-de-force of treatment, all could make their way into print, if, as befits our role, we can honestly ask ourselves what really stands in the way of such an effort.

How about it?

SLS

* * * * *

A series of positive steps has been taken by the Board of Trustees of Reiss-Davis Child Study Center to solve its immediate financial problems and to provide funds for expansion of services in the years ahead.

Encouraged by the response of members of its supporting groups, community leaders and members of the professional community, the Board appointed a Finance Committee, headed by philanthropist John Factor, to seek operating funds for the fiscal year 1969 - 1970. This committee also is charged with the responsibility of seeking funds for 1970 - 1971.

The Finance Committee has already been successful in securing a number of substantial commitments from members of the Board, community leaders and members of the psychiatric and psychological communities.

Also appointed was an Ad Hoc Committee to provide an analysis of Reiss-Davis' services, recommendations for future directions and estimates of operating costs. Following the report of this committee, it is expected that the Board will plan a long-term financial program.

The Editor of the Bulletin was told by Dr. Motto that the letters and pledges of financial support from members of our Society-Institute have been most helpful. Continued expressions via letters and pledges will be most useful.



LETTERS TO THE EDITOR

In the October 1969 issue of Playboy Magazine, there appeared a long, authoritative, and apparently widely read article by Morton Hunt, entitled, "Crisis in Psychoanalysis." In your editor's opinion, it was generally both fair, and favorably inclined. However, to reach such a conclusion, one must have read the article in its entirety, and have grasped its strategic construction. I feared that to the casual reader, or to the hasty, who studied the first pages then skimmed the last dozen, it would have seemed another graveside eulogy to a grand but superannuated fossil, admixed with a faint hint of relief that the old threatening and unpredictable monster had gone.

Taking pen in hand, The Bulletin saw fit to reply to the article as follows:

September 22, 1969

Dear Playboy
Playboy Magazine
Playboy Building
919 North Michigan Avenue
Chicago, Illinois 60611

Dear Sir:

Among the tid-bits of Freudiana is a story of the Doctor's encounter with a preeminent Rabbi. In friendly fashion the two were arguing over the greatest figures in world Jewry. Einstein, Weitzman, Marx, and Freud, himself, were proposed by the religious leader. The analyst reflected briefly, then asked whether the Rabbi's name mightn't also be included. Surprised, the old man blurted,

"Mine? Oh, no! No, no, no, no, no, indeed."

Freud smiled wryly, and replied, "One 'No' would have been enough."

With Mr. Hunt's provocative article, Crisis in Psychoanalysis (Playboy, October, 1969), that anecdote comes to mind, particularly with reference to the alleged demise of the art. Just as with Twain's obituary, reports of its death are grossly exaggerated. Psychoanalysis is alive and well, and is living in characteristic unobtrusiveness throughout the urban world.

As befits one in the field, I am moved to point out that antipsychoanalytic flurries ought not surprise any conscientious student of its history or principles. From its conception, and throughout its development to date, it has encountered hostile reactions to its teachings, and it always will. Such is true because inherent in its process is an urging upon Mankind to accept the pain and discomfort that is necessary for maturation. It is selling a Reality vs. a Pleasure Principle, and expects to live with resistances, the resolution of which is integral to its practise.

If these resistances can be brought into the office, hopefully they can be dealt with appropriately; but when they appear in the limbo beyond it, in individuals who have fled from their own analyses (as is so very often true of its most dogged and blatant critics) then, obviously they are much harder, if not utterly impossible to resolve. Hardest of all, is the resolution, or even the undisguising of the resistance which occurs across a broad sociological front, wherein a culture, or subsegment of it, decides to espouse complex and bizarre rationalizations to justify the kind of infantile hedonism we are sadly witnessing in our society today.

No, Truth, and Human Nature, and the tenets and values of Psychoanalysis have not yet been refuted, nor fundamentally changed. All that has is the pattern of pathological defenses against them.

Sincerely,

Sumner L. Shapiro M.D.
Editor
Bulletin of the LAPS/I



HISTORY SECTION

We live in a world of rapid growth, and the changes about us soon become commonplace, - something to become quickly and easily accepted, with scarce a thought given to how these changes came about. Populations explode, construction is high rise, freeways proliferate -- so much and so fast -- why pause to reflect? Much the same can be said of science and its institutions, including those of psychoanalysis -- what can be gained by bothering with the history of these changes? We ought not fail to be thoughtful and knowledgeable about the experiences of the others who led the way lest we lose the profit to be gained; profitable lessons about problems and issues which remain pertinent into the present time.

The following letter was written by Ernst Simmel pioneer analyst and principal founder of California's first psychoanalytic organizations. Simmel migrated to Los Angeles from Berlin in 1934 and shortly thereafter was the prime mover in founding the Los Angeles Psychoanalytic Study Group, predecessor to the present psychoanalytic societies of California. The letter was written in 1938 to Franz Alexander, the President of the American Psychoanalytic Association. At the time of this letter the Study Group was the only link with Freudian tradition and principles. There were no official analytic societies. The nearest officially chartered group was the Topeka Society founded in the same year, 1938.

The original of this letter is in German, and I am grateful to Jerome Lachenbruch for his translation. The contents present an excellent exposition of the analytic situation in Los Angeles thirty years ago and brings into focus some of the problems confronting Simmel and his colleagues. His responsibilities included the advancement and protection of analysis in California, as well as promoting measures which would lead to its integration into the national organization. California remained an analytic frontier; in the eastern centers it had long since attained respectability and official societies were chartered by the national association.

One of Simmel's problems was the threat of California's medical practice law, a threat in two senses, one of them a personal one -- although a graduate physician he never qualified for the California license. The second threat was to his colleagues; they were practicing analysts and were laymen, that is without medical education. Simmel himself underwent investigation by the Medical Board, without any interruption of his work; he always maintained the Board would not bring charges against any practitioner who had adequate analytic training, layman or not, and in this view he seemed to have been correct. In the letter he exercises ingenuity and optimism by consigning to analysis a position peripheral to conventional medical science, and therefore in this way safely removing it out of the jurisdiction of the Board.

To him the larger problem was the growing medical dominance of the national psychoanalytic organization in its more established eastern centers. He was uneasy about the consequences for the Los Angeles group, all laymen with the exception of Simmel himself. Although identifying with Freud's liberal views in the matter of lay analysis, he was prompt to accept the emerging new rules against accepting laymen to commence training. As far as possible he was eager to preserve the liberal Freudian viewpoint; even more immediate was his loyalty to protect the interests of his Los Angeles colleagues, all of them laymen in the beginning. To them he was grateful for the invitation which resulted in his migration to California.

Our local archives yield no replay from Alexander, but there is access to remarks written by Lawrence Kubie who was the national secretary. These were in a letter written in June the following month from the Simmel letter. He refers to a meeting of the Council on Professional Training of the APA in Chicago June 2, 1938; Simmel's letter may already have been received and could be referred to in the following remarks by Kubie: "It is hard to transmit the general spirit and atmosphere of a meeting, but there was a feeling of warm and enthusiastic appreciation of the service your group has been performing for psychoanalysis on the West Coast and whole hearted understanding of the special problems which confront you." The "special problems" he referred to were in reference to the largely layman membership of the California group. By now the national organization had spelled out its new ruling -- no further training for non-medical applicants. Simmel's thoughts and ambitions had already turned in anticipation to the ultimate step from preliminary Study Group to that of an officially chartered Society formed in compliance with all the rules and regulations of the national association. Within such an association, now medically dominated, the position of lay members remained to be defined.

In his letter Simmel reminds Alexander of the appearance he had made in Los Angeles, also that others equally prominent in the analytic world had spoken before the Study Group; in addition he describes the participation of members of the local community, important and respected persons, in the Group's activities. Finally he describes his invitation to give a series of lectures at U.S.C. Here he is conscious of California's provincial isolation, and hopes to establish some status for the small Group as part of his effort to receive recognition, justice and a rational solution for a particular problem.

Since Simmel's efforts, analysis in California has passed its infancy, has become a part of the national scene. Many of the first problems are now forgotten. If not problems exactly there do remain intriguing and stimulating questions, all having roots in the early days. Is analysis a branch of the general science of medical art and practice? Should candidates

for analytic training be exclusively drawn from doctors of medicine? Is the Freudian tradition for lay practice at an end? Is analysis to be considered one of the specialties of a parent psychiatry?

A.K.

Los Angeles, California

May 31, 1938

Dear Dr. Alexander:

I regret that circumstances prevent me from attending the forthcoming meeting in Chicago of the American Psychoanalytic Association. I regret it all the more because in the near future it will hold its first meeting on the West Coast, evidently to prove it is interested in the development of the psychoanalytic movement in California. I assume that discussions in Chicago will include the problem of the manner in which psychoanalysis as therapy should be appropriately developed in the future.

Up to a few years ago analysis in California was without official sanction and organization. In consequence it fell into the hands of unqualified laymen, for whom it was solely a commercial venture. The considerable number of quacks still in practice here is a vestige of that situation. However several years ago a number of non-medical analysts who had completed officially sanctioned training at European Institutes commenced to practice here, and tried to wrest analysis from the hands of the quacks and to create for it the dignity it deserves. Dr. David Brunswick especially must be credited for his efforts in this activity; he realized that recognition of analysis in California would best be served by the creation of a training center giving present and future analysts opportunity for further development and study. He advocated the principle that analysis does not need propaganda but can prove its validity and merit through its accomplishments. It was at Dr. Brunswick's suggestion I was invited to California in 1933 to create such a training center. In the spring of 1934 I migrated and arrived in Los Angeles.

From the beginning I emphasized the further training of those lay analysts who had trained at a European Institute, entirely in consonance with the principles of the American Psychoanalytic Association, and especially not to start training non-medical persons to become analytic therapists. Indeed I declined several such requests.

In the fall of 1934 we organized the Psychoanalytic Study Group of Los

Angeles, forming it to suit our local needs. I enclose a copy of the By-Laws and you will note how we recognize adequately trained lay analysts as full-fledged analysts; on the other hand we exclude from membership all the quacks who practice here, among them several well known psychiatrists. During its existence the Study Group has been regarded as the official representative of Freudian analysis in Los Angeles. The existence and activities of the Study Group has given proof that analysis is a form of treatment based on logical and rational theory and offers a prescribed course of training for its practitioners. Consequently physicians here have acquired an interest in and a respect for analysis. Prominent physicians have become members of the Study Group, others are guests at its meetings. The directors of several public institutions, such as the Child Guidance Clinic, Juvenile Hall, and several Welfare Organizations are attending members of our seminars.

We have a definite difficulty in that a majority of our analysts in Los Angeles are not physicians. Up to a certain point I must also consider myself a lay analyst, for I do not yet have a California license to practise medicine. It was not possible for me to meet the requirements for admission to the examination, i.e., to serve a year's internship in a hospital. My material situation would not permit it, and my responsibilities as a teacher in the Study Group make it out of the question.

In an attempt to clarify the relationship between the medical fraternity and analytic therapy, many discussions have been held between members of our group and members of the State Board of Medical Examiners. The State Board has taken the following attitude: analysis is a legitimate science and analytic therapy can help many persons overcome their difficulties. And they appear grateful it is being practised here by trained experts. They do not regard the analytic method itself as a part of medical practice; if an analyst undertakes to treat a patient he must obligate himself to initiate treatment only if a physician regards such treatment as indicated and only if the patient has been previously examined by that physician. This standpoint of the medical authorities here is extremely progressive when one considers the transitional state of analysis in California. I think it important this fact be brought to the attention of the members of the American Psychoanalytic Association at the Chicago meeting. Presumably the status of analysis on the West Coast will come under discussion.

Should the American Psychoanalytic Association advance the tenet that analytic therapy is a form of medical treatment it would strike a severe blow to those persons, including the writer, who were the first to gain recognition for Freudian analysis on the West Coast, who helped American

physicians here gain basic knowledge about analysis. In further professional activities they would be seriously crippled.

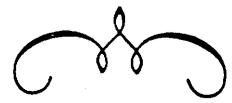
For this reason I beg of you to see nothing is undertaken by the Association regarding analysis here without first exchanging views with representatives of the Study Group. Although not an official constituent member, the Study Group has since its inception been recognized by prominent persons as legitimately representing the Freudian science. To prove this I remind you that men such as you yourself, Karl Menninger, Harold Laswell, Fritz Wittels, Gregory Zilborg and others have considered it a worthy rostrum for the cultivation of analytic science. Dr. Brill while President of the American Psychoanalytic Association, congratulated me on the founding of the Study Group and remarked that through it the chaos of analysis in the West would be resolved.

If in the course of your deliberations should you decide that analytic therapy is medical treatment and that this should be so recognized in California, it could only be achieved through negotiations with medical authorities here and ultimately lead to the recognition of the position of the Study Group. The Group merits such recognition because of its past efforts and conversely analysis here needs the continued existence of the Group. Thorough discussion with the California analysts is essential; we are precisely acquainted with the situation here.

In conclusion allow me to inform you analysis has found recognition in the local official scientific world. A few months ago the dean of University College of the University of Southern California invited me for a conference. We discussed the question of whether analysis could be introduced at the University and in what form. As a result I was invited to deliver six lectures to a specially qualified audience, this with the consent of the President of the University and the dean of the Medical School. Enclosed find a prospectus of these lectures. Each presentation will be chaired by a different representative of the University. The purpose is to determine to what extent is it necessary for the University of Southern California to include analysis to fulfil the needs of a modern university, and to determine how the University could help the advancement of analysis.

Dear Dr. Alexander I consider it my duty in this rather long letter to present once again the position of the analytic movement in California before you come to California as President of the American Psychoanalytic Association. I wish you and your colleagues success in your discussions at Chicago and will hold myself and my California friends in readiness for the continuation of these discussions in San Francisco.

My heartiest greetings,
Ernst Simmel



CLINICAL VIGNETTES

Consider the odds against the occurrence of the following true story:

Mr. J. (whose name is only moderately common) came regularly to my office on Tuesdays and Thursdays at 9 o'clock. He suffered from severe agoraphobia which scarcely allowed him to negotiate the city. On Thursday, he told me of his grave concern over his obligation to meet his wife at the airport the next day. Late Friday afternoon a woman left a message with my answering service that Mr. J. would be out of town for several days and asked to cancel his Tuesday appointment. Needless to say, I was incredulous, but when I attempted to clarify the situation, I was told that no return number had been given to the operator.

Through intuition, largely, I kept the hour open on Tuesday, and really wasn't too surprised when the patient appeared. He knew nothing of the call, and was the more at a loss to explain it particularly since absolutely no one but his wife and myself knew of his therapy.

A week later precisely the same set of circumstances unfolded. A call from a girl, alleging to be Mr. J.'s secretary, and again leaving no number, cancelled his Tuesday hour. Again the patient disavowed any notice of the matter.

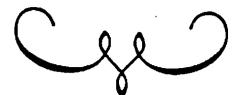
The third time it occurred the answering service did manage to get a return number. I called quickly and can you guess? Right! It was a completely honest coincidence: Two men with the same last names and the same first initials were being treated at exactly the same hours each week by two psychiatrists with the same last names. It should be one in a million.

* * * * *

Consider the embarrassment of the young mother who proudly tells her therapist that she followed his suggestion and gave her youngster "two hours of my completely UNDEVOTED attention!"

* * * * *

--- or the instance of the newly-wed young man who tells you that until just a few months ago relations with his wife were completely HORMONIOUS.



BOOK REVIEWS

Lawrence Friedman, M.D.,
psycho-a-nal'-y-sis, uses and abuses

It is infinitely more difficult to write for the layman in non-technical language while preserving accuracy, interest, and relevancy, than it is to write for the professional reader. Many psychoanalysts and psychiatrists have tried, but few have succeeded as well as Lawrence Friedman, M.D., in his recent book psycho-a-nal'-y-sis, uses and abuses (Paul S. Erickson, Inc., N.Y. 1968).

This book has only 158 pages of text. In addition to being concise, it is characterized by accuracy, clarity and relevance to the reader's everyday experiences. The author anticipates where misunderstanding and misinterpretation are apt to occur, and avoids them by being as clear about what he does not mean as he is about what he does mean. The subject matter of any given chapter is related to everyday life in its simplest and most generally experienced aspects in a way that both enhances understanding of the illustrative vignettes, and illuminates the psychoanalytic theory being discussed.

The author's shifts from exposition to personal opinion at first seem disconcertingly abrupt, and there are probably some who will think the latter out of place and superfluous. Again, the relevance of the material, including the opinions, the restoration of perspective and clearing up of misunderstandings make this aspect of the book especially valuable. Without it we would have just another simplified statement of psychoanalytic theory, let loose like an unanchored balloon, and just as elusive in its purpose and usefulness.

The general excellence of the book is highlighted by several outstanding chapters, and there are also a few which seemed superficial or unexpectedly incomplete. One of the best is the chapter on the Aggressive Drive, in which many commonly misunderstood and misused concepts are clarified and corrected, such as the inherent nature of the aggressive drive, the distinction (all but lost in most writing) between aggressiveness and hostility, and constructive outlets for aggression. The author also presents irrefutable examples of the extent to which we take pleasure in violence, and how this pleasure is cultivated by toys, entertainment, and various subtle appeals. He points out ways the aggressive drive can be channeled into constructive pathways, as well as those which foster its emergence in violence and destructive behavior.

In the chapter on Ego Development, Dr. Friedman manages, better than most authors, to avoid provoking guilt feelings in parents, mainly by explicit acknowledgement of the usually secret fact that the developing child is subject to influences other than just parental, all of which play a part in ego development.

The chapter on Ego Defenses is not as well done as the preceding ones, with one important exception: it is made very clear that ego defenses are normal mechanisms; then the author discusses circumstances under which they may become pathological, and how this pathology may manifest itself. Here again, the distinction is made clear and explicit.

In the discussion of the Super-ego is contained the statement that "the function of a healthy Super-ego is not only to restrict and punish, but to make us feel worthy, satisfied with ourselves, to enhance our feeling of well-being." Except for this statement, practically the entire chapter deals with guilt, conscious and unconscious, its causes and consequences. But even this discussion does not, I believe, distinguish as well as might be expected from most of the rest of the book between normal and neurotic guilt, and the causes, effects and meaning of each. There is a need also to differentiate here between guilt and shame, an unexpected omission in view of its importance in the early years of development.

The extraordinary influence of Freud on those who followed him in the developing field of psychoanalysis makes Chapter 16 a startling but comforting experience for those poor unfortunates so gratuitously put down by the master: women. In another context, the author says, "As so frequently happens with a new discovery, the pendulum swung far in the opposite direction. . . ." In the chapter on Female Sexuality and Masculine Bias it swings refreshingly far from the Freudian stereotype, elevating the female to unaccustomed and vertiginous heights. I wish I could be around long enough to see where it comes to rest.

The practice of psychoanalysis (Part II) is treated more briefly than the section on theory, but with no sense of incompleteness because of this. Especially well done are the chapters on Psychoanalysis as Therapy, The Analytic Situation, and a frank and honest discussion of realistic and unrealistic expectations of psychoanalysis. By contrast, Dr. Friedman encounters the same difficulty as most other writers in the chapter on Transference. This is the only place in the entire book where he falters in clarity and ease of writing, and where the reader, (or at least this one) has to read again and again in order to follow and understand what he is trying to say.

In the final brief chapter, entitled *Ecce Homo*, the psychological dangers of our increasingly technological society are discussed on the basis of what psychoanalysis has learned about the needs and functioning of the human animal. With the same clarity, realism and modesty that characterize the entire book, the author provides no easy answers, makes no claim that psychoanalysis can provide them, but points out that the knowledge derived from psychoanalysis is essential to understanding the dangers humanity is facing, and can, properly understood and used, make a significant contribution to their solution.

Ruth I. Barnard M.D.

REPORTS OF SCIENTIFIC MEETINGS

"THEORETICAL AND CLINICAL CONSIDERATIONS IN THE EARLY PHASE (First 3 months) OF ANALYSIS OF PATIENTS SUFFERING FROM SEVERE PSYCHOSOMATIC SYMPTOMS"

by C. Philip Wilson, M.D.

Presented March 20, 1969

Reported by Leon Wallace, M.D.

This study is an elaboration of certain aspects of the findings of Dr. M. Sperling and other members of the Advanced Psychosomatic Study Group of the Psychoanalytic Association of New York, Inc. Their experience shows that unless immediate and effective analytic intervention is utilized, patients referred with severe psychosomatic symptoms stop analysis because a working therapeutic alliance is not achieved and the patient's symptoms worsen, with the result that the case returns to the internist or other specialist.

The psychosomatic disease can be termed a pregenital conversion neurosis, associated with an overly strict superego, and accompanied by omnipotent and magical thinking. Effective psychoanalytic treatment requires experience in the field as well as authority to cope with the relatives and medical specialists who are in on the case at the start.

The masochistic meaning of the symptom is immediately interpreted, thereby acquainting the patient with the severity of his superego. Instead of feeling guilt, the psychosomatic patient experiences pain and limitation of function which are acceptable punishments to his superego. Aggressive drive components must be interpreted first with libidinal material left until later. Premature oedipal phase libidinal interpretation may lead to an acute exacerbation which may dangerously impair the therapeutic alliance. Each occurrence of the psychosomatic symptom is analyzed to demonstrate to the patient the precipitating day residue and as the material emerges the childhood conflicts that have repressed into the symptom.

The pregenital nature of the transference must be interpreted from the beginning and the pregenital nature of the patient's object relations gradually made clear to him. Intense transference to the medical specialist must be dealt with, or the split transference may result in failure of the analysis.

Secondary gains, in the form of gratification of dependent needs, must be revealed. When the symptom subsides, acting out must be dealt with analytically.

An "illustrative case history" was presented of the analysis of a 40 year old woman suffering from migraine. She also had a variety of phobias, occurring in subways, airplanes, and when travelling. Diagnostically the patient presented a picture of a Compulsive Character

Disorder, with psychosomatic migraine as well as a variety of shifting hypochondriacal symptoms. Her migraine was so severe that it jeopardized her job and career, and she came to analysis as a last resort. The analysis began on the second visit.

The earliest material led to the interpretations that the patient had a fear of the analysis and of the analyst, and of facing her conflicts with men. She confirmed this and reported her earlier fear of her father and of his sadistic sense of humor. During the following two weeks, material emerged that focused on the patient's fear of asserting herself as a woman, and her fear of being injured in intercourse and pregnancy. This was followed by evidence that she wished the analyst to be the pregenital mother who would gratify every wish, and not threaten her in her role as a woman. Dreams expressing anal sadistic fantasies and anal erotic disturbances followed.

After six weeks of analysis, a most intense transference neurosis had developed with continuous regression to various pregenital levels of fixation. The migraine was less severe, with no vomiting. There was much anger towards the analyst in the transference. Aggressive impulses and defenses against them had been repeatedly interpreted. Acting out replaced the psychosomatic symptom, in the form of taking unwarranted time off from work. Suicidal ideas were also present. The secondary gain from the migraine was also repeatedly interpreted, as a means of gaining sympathy and attention. Likewise, the masochistic punishment in the migraine was interpreted as a substitute for expressing her emotions and making demands on other people.

In this case, as in other psychosomatic cases, when the transference neurosis has been analyzed and the psychosomatic symptom cleared, the analyst then will have to deal with the oedipal phase conflicts, in contrast to the analysis of hysterical neurotics, in whom the reverse sequence is true.

FORMAL DISCUSSION:

Dr. Norman B. Atkins: Dr. Wilson is one of a small number of analysts willing to undertake the treatment of severe psychosomatic disorders by regular analysis. These cases offer many problems, including psychosis and the exacerbation of the physical illness. The therapeutic problems resemble those encountered with psychotic characters and severe acting-out characters.

Dr. Wilson correctly recognized the importance of the necessity of dealing with transference resistances from the very first hour, and the inadequacy of superficial or anaclitic therapy. Such patients are burdened by the conviction that whatever is offered by the analyst really is bad for them, thus destroying the effectiveness of superficial forms of treatment. Further, there is agreement that the basic conflicts are diadic, pre-oedipal, with characteristic anxieties related to trust vs. mistrust, autonomy vs. dependence.

There is speculation that the genetic determinants and traumas contributing to disordered body function reflect psychological stresses derived from the earliest months of life. This is of necessity a pre-verbal period, and it may be that his period cannot be recalled with the aid of verbal symbols.

Clinical experience supports Dr. Wilson's thesis that the problems of aggression need to be dealt with in the transference before the libidinal conflicts. Dr. Atkins would surmise that her inner emptiness is a consequence of an inner catabolic activity or destructiveness which impairs the proper utilization of whatever is given her or taken by her. Symbolically, what is taken in psychologically cannot grow and develop in a healthy way to form good identifications and constructive attitudes, but instead is fragmented, twisted and distorted into an internal persecutory monstrosity. These form the basis of bad persecutors. Similarly medicines and even food can't be properly utilized by such a person.

There is a question raised by the statement that the patient began to "accept the fact that she caused and wants" the migraine. Can a psychosomatic symptom be produced through an unconscious need as in conversion reactions which are symbolic representations of specific fantasies? It is more likely that the primitive aggression and intertwined anxieties characteristic of psychosomatic illnesses result in psycho-physiological dysfunctions which are manifest in specific target organs for reasons which are not yet understood. Psychosomatic symptoms reflect a complex psychogenesis - but should not be considered symptoms in the neurotic sense, where they are the result of a compromise formation on the part of the ego incorporating the effects of the instinctual pressures and the conflicting superego demands.

Dr. Robert Zaitlin: The split transference with the referring physician could readily undermine the analysis of these patients as a result of the splitting mechanism, where one becomes the "good" object, and the other the "bad." The gradual elimination of medication must also be of paramount importance, in patients whose investment in somatic manifestations of conflict serve the function of warding off emotional expressions.

Although details of the early management are lacking, it appears that the very smoothness in the early course of treatment is the first path of deception this patient's unconscious ingenuity has devised. She may have removed herself from a re-awakening of the deep pre-oedipal conflicts that threatened her in the transference by demonstrating a spurious apparent cooperativeness and improvement. There is reason to suspect that she held off the analyst by telling him what she felt he wanted to hear. While the early dreams were communications, they were "disowned" by the patient, as a means of treating them as not hers.

The pre-oedipal conflicts were certainly predominant in this patient. Her cravings were predominantly oral rather than phallic. She wanted to be inside her mother, but feared being taken in and never to escape from the orally perceived mother. These early fantasies must reflect projections of her own incorporative wishes. The inner rage that reflected the frustrations of her infantile desires, which she felt were justified but unacceptable, was important in all personal relationships and should have been interpreted more readily in the transference.

In Dr. Zaitlin's opinion, this clinical presentation demonstrated not so much a strongly engaged transference, as spurious acquiescence which enabled the patient to remain essentially aloof, while the patient employed the therapeutic relationship of a gratification of her longing for maternal care.

Dr. M. Walsh: These patients experience three forms of regression: 1) Libidinal; 2) Aggressive; and 3) Ego. This makes these patients particularly difficult to treat. The pre-genital conflicts are paramount, and the primary problem is the management of the aggression.

Dr. G. Nemeth: There is more anaclitic support in the analytic situation than Dr. Wilson recognized. This report is on the pre-analytic treatment, although taking place in the analytic situation.

Dr. B. Bail: There is a suggestion of the patient's being confused with the birth process, and fantasied sadistic attacks on the mother.

Dr. Wilson: (Response) It is rare for the psychosomatic symptom to occur on the couch, since the analyst is unlike mother. She rewarded the patient for illness, punished her for health. The analyst allows expression of feelings. This can save the lives of some of these patients.



"FETISHISM - A CASE REPORT"

by Henry Lihn, M.D.

Presented April 7, 1969

Reported by Leon Wallace, M.D.

This presentation supplemented the paper, "Character Traits and Perversions" by Dr. Jacob A. Arlow, which was read to the Society on March 5, 1969. Dr. Lihn recalled that Dr. Arlow's thesis was that perversions are mainly a defense against castration anxiety resulting from traumatic exposure to the female genital. Dr. Arlow referred to pre-oedipal elements, but did not elaborate on them. The literature supports the view that the fetish represents a possession or part of the mother's clothing, body, or implements used in the care of punishment of the child.

The patient first began treatment because of severe depression, accompanied by fears that he would never get well and would have to kill himself. There were also episodes of gastro-intestinal symptoms, headaches, feelings of depersonalization and that his hands were detached from him. He was admitted to a psychiatric hospital at his own request after outpatient treatment was attempted without success. When ready for discharge, he wanted to return home to live with his mother, but agreed reluctantly to live away, although he maintained a very dependent relationship with her for a considerable time. After about a year, some aspects of his dependency on his mother were worked through, and the perverse symptoms began to emerge. He revealed that he looked for women's old panties, which he would use to masturbate.

The patient's mother was a large, strong and determined woman, crude, and vulgar, but with a high regard for education and culture, especially music. She had evidently been intimately involved in the early rearing of the patient, her first child, although there were early developmental difficulties and conflict, e.g., she would become exasperated when he would not eat what she placed before him, and would shout - in a foreign language - phrases such as "eat shit."

There was also considerable and prolonged bathroom intimacy. His mother bathed him and regularly thoroughly scrubbed his buttocks and genitals. There were frequent administrations of enemas. He, in turn, had free access to the bathroom when his mother used it, and nudity was commonplace in his childhood.

At the age of 5, his only sibling, a brother, was born. He recalled the deep disappointment and isolation following the event. It was followed by a period of anal soiling and stomach aches. He continued to receive enemas from his mother until he was 12.

The patient established a new bond with his mother, in high school, through their mutual interest in music. He eagerly agreed to take

piano lessons, starting at age 8, and continued with some success until it was discovered that his brother had more talent than he did. Because of financial considerations, only one of the boys was permitted to take the lessons, and the patient had to stop. He dated the onset of his fetishistic activity to this period, when his mother began to invest so much of her time, energy and money in his brother's musical career.

The masturbatory ritual which gave him the most pleasure was to put on a pair of his mother's panties, conceal his penis between his thighs and with them apply pressure to his penis while looking at himself in the mirror in the bathroom, imagining himself to be a woman with a penis. He preferred to leave the bathroom door open so that while masturbating he could hear his mother singing and moving about the house. The closer she came the more excitement he experienced and he would not shut the door until his mother was almost close enough to see him. There were many variations of this ritual over the ensuing years.

Sometimes he would masturbate while listening to the radio, but not until he had heard 5 different female singers or one whose name had 14 letters in it - like his own. The number 5 was primarily associated with his age when his brother was born.

It seemed clear that the patient was enacting representations of some of the early experiences he shared with his mother, not only oedipal but also pre-genital anaclitic ones. Furthermore, he was repeating actively what he had passively experienced at the hands of his mother. Early attempts at separation and individuation must have been quite difficult, laden with anxiety and associated with intense clinging reactions and attempts to incorporate the mother and representations of her with all his senses and body orifices. This was in addition to the expected evidences of castration anxiety and defenses against it.

During the treatment the patient was able to leave his relatively menial job for the University, where he acquired an M.S. Degree and got a job in field. He began a mutually dependent relationship with a girl, and was able to marry her, after five years of treatment.

After his sixth and last year of treatment, the patient left for another city in order to further his career. For the next six years he was often unhappy, lonely, and somewhat hypochondriacal. He returned for further treatment after his wife was pregnant with their first child. During the pregnancy, masturbation and perverse rituals increased, revealing not only frustrated oedipal wishes and castration anxiety but also much more evidence of earlier conflicts, pre-oedipal and anaclitic in nature. After the pregnancy, masturbation and the fetishistic rituals gradually diminished as intercourse was resumed.

He became relatively disinterested in most of what his wife did except in the area of her relationship with the child. His behavior suggested identification with both his mother and his first-born child, representing himself and mother.

The material of this case, as well as others, supports the thesis that fetishistic behavior is only part of a complicated perverse character structure which also includes transvestite, voyeuristic, exhibitionistic, homosexual, and sado-masochistic features. These diverse traits might be viewed as component parts of the perversion syndrome. Furthermore, these traits comprising this perverse character structure could be serving similar adaptive functions and have similar origins.

Various writers have demonstrated a relationship between perversions and castration anxiety originating in the oedipal phase, and of pre-oedipal origin, and also between perversions and very early separation anxiety. During the earliest period of separation - individuation, under unfavorable conditions, the infant may make desperate efforts to re-establish the feeling of union with mother. The child attempts to cling to and incorporate the mother or parts and representations of her by the utilization of all the senses and bodily orifices. The child tenaciously clings to the mother's body, to objects worn by her, and to various items used by her during the various child care activities.

It is often these very objects and activities or disguised derivatives of them, associatively connected with the mother's body and mother-child care and punishment which become a part of the fetishistic and other perverse practices later used in defense against separation anxiety.

During the first four years of existence repeated normal and pathological traumas predispose to castration anxiety. Given the presence of a very controlling, intrusive phallic mother, there is laid down a new layer of traumatic experiences. These can be viewed as seductions into perversions which further influence the boy's susceptibility to castration anxiety. These mother-child experiences are subsequently reenacted in symbolic or disguised form in solitary masturbation rituals and with sexual partners.

In the performance of these activities the pervert repeats, does with himself and others, what his mother has done with him during his infancy and which in childhood he jealously saw her repeat with younger siblings. The pervert can be viewed as a combined representation of himself and the phallic mother to whom he was so closely attached and with whom he became strongly identified in his attempts to deal with separation anxiety. Two additional patients were briefly presented who also demonstrated these mechanisms.

DISCUSSION:

Dr. J. Grotstein: Historically, Freud's study of Fetishism became a departure point for ego psychology insofar as he described the phenomenon as a splitting of the ego as a result of castration anxiety. Although Dr. Lihn's case demonstrates extensive evidence of castration anxiety, he notes the more overwhelming evidence of separation anxiety. Freud stated, "Anxiety of separation proceeds to anxiety of castration by displacement of the cathexis from the object to the organ which insures reunion with the object." With this continuum in mind, the clinical material provides a useful basis for reexamining the so-called pregenital forms of anxiety, specifically as related to fetishism.

The patient was probably a schizoid personality existing in a borderline state with a probable schizophrenia (as well as depression) underlying his problem. In Dr. Grotstein's opinion, the perverse tendencies were techniques of relating to external and internal objects in a manner so designed as to establish a symbiotic "oneness" or unity with one object in particular.

The patient's use of fetishes demonstrated the relationship between fetishism and transitional objects. Whereas a fetish is generally considered to be a device guaranteeing a denial of the mother's lack of a phallus, the transitional object provides a transitional continuum from primary symbiosis or narcissism to object relatedness. Pathologically, the transitional object can also be in the service of denial - but of separation from the primal unity with the mother. In that case it becomes a part-object substitute for the disappointing object relationship and a denial of the associated frustration.

Although many observers have suggested that a fetish is a later sexualization of an earlier transitional object, this may be questioned. Winnicott points out that transitional objects represent a possession of the self which is also connected with the mother, the breast in one's own possession. The fetish is the exclusive possession of mother - underwear, shoes, etc. With the transitional object, identification is largely by incorporation to continue primary identification; in fetishism identification is by projection and then incorporation. The fetishist is, as it were, invading into the person of the mother in fantasy, taking imaginary control, and then incorporating the invaded mother within oneself. This more complicated form of identification is necessitated by a more highly developed ego which can perceive object inconsistency and react more violently to it. Thus the fetish can be seen as a later continuation of the transitional object phenomenon.

The sexualization of this phenomenon, the fantasied entry into the mother and possession of mother, is shown in masturbation, when the height of sexual excitement is a testimony to the fantasied feeling that the union had taken place. This event belongs to the phenomenon of manic defense, a concept used by Freud and Lewin, and extensively employed by Winnicott and the Kleinian School in England. Manic

defenses are escapes into outer reality by means of fantasies which deny inner reality. Insofar as a union with mother has taken place by means of projective identification in the fantasy, manic defense is operative.

Dr. Lihn's patient demonstrated both the manic defense in his fantasy of possessing his mother, and also the phenomenon of schizoid withdrawal; i.e., there was the removal of object relations from the external world and a reconstituting of them in the inner world, in the manner analogous to Freud's description of restitution phenomena in schizophrenia.

Dr. R. Stoller: Questioned the definition of the term "perversion". In addition to the defensive perversions, there appears to be a class of grossly aberrant behavior that is not particularly defensive. Child observation studies reveal that some manifestations of sexually aberrant behavior may begin shortly after birth, do not appear to provide defensive functions, and must be dealt with differently. The fetishistic object need not necessarily be associated with the mother, but may represent some other traumatizing person.

Clinical reconstructions suggest that the traumatic experiences represent screen memories. Parent interviews suggest that this is not necessarily true. The traumatic experiences may be accurately recalled by the patient.

Dr. R. Greenson: Regardless of what else was going on during the patient's treatment, a good working alliance was established with a very difficult patient.

An interesting aspect of the study of perversions, is that despite very disturbed relationships with their mothers, they manage in adulthood to achieve sexual gratification. It represents a desperate attempt to cling to and separate from mother, while expressing a confusion between an object relationship and an identification with mother. It represents a confusion of self and non-self, which was related to the intimate physical contact with mother for such a long time.

This raises the question of defense against drives versus defense against anxiety. The repetition not only defends against the anxiety, with a breakthrough of the drives, but also seeks to recreate the symbiotic union with the object.

Dr. A. Mason: Agreed that the clinical material supports the view of intense identification with the mother. The patient's early intrusive and invasive fantasies of his mother was reinforced by his mother's later intrusiveness.

Was there envy of, and fantasied fusion with the analyst? Dr. Mason wondered how the anxieties associated with identification were manifested in the transference?

Dr. T. Mintz: Wondered whether the clinical material supported identification with the father.

Was there a struggle against homosexuality, past the pre-oedipal level?

Dr. S. Spierling: What is specific in regard to the symptom being studied? There were significant omissions of clinical data in the paper, that might help further clarify the issue. Specifically, it would be of interest to know more about the fantasies of the patient during the perverse activities. Many reports suggest that there is nothing specific pointing towards any individual symptom. However, there must be an investigation of phase-specific conflicts in order to understand symptom formation. The symptom, fetishism, relates inevitably with sexual satisfaction, which provides this with a specific quality.

A study of the fantasies in the various perversions should answer the question of whether the anxieties in the different perversions have the same quality.

Dr. A. Goldberg: Reported the analysis of a perversion with what he believed to be a clearly neurotic ego structure. The childhood history revealed considerable exposure to nudity in the family. The first masturbatory fetishistic objects were the mother's and sister's panties. These were replaced by male objects.

Dr. Lihn: Only a few items could be discussed. Different people see different things in the same clinical data. There was little clinical confirmation of strong homosexual attachments to the father. It appeared that father was a substitute in the patient's fantasies. His conscious masturbatory fantasies were of being just like mother.



"PSYCHOANALYTIC CONSIDERATIONS IN A CASE OF CARDIAC TRANSPLANTATION" by Pietro Castelnovo-Tedesco, M.D.

Presented September 18, 1969

Reported by Sumner Shapiro, M.D.

Organ transplantation poses psychological problems for the recipient which can be discussed in terms of body-image and "ego integrity." In addition transplantation operations share with certain other operations - notably open heart procedures - the quality of a massive threat to survival. The case of a cardiac transplant patient who, on the twenty-sixth postoperative day, developed a transient schizophreniform psychosis is presented. Extensive denial and regression are shown to interact with psychological configurations that made the patient avidly seek out an experimental "life-extending" operation, and the interaction is related to the development of the psychosis. Death, in particular, and events taking their natural course, in general, were equated with fusion with the oral mother-image, which was both feared and wished for. Knowledge that the heart donor was a woman exacerbated the regression and underlying conflicts. Other stress factors and possible prophylactic measures for future transplantations are discussed.

Dr. Gerald A. Nemeth: drew upon the case material presented to emphasize the crucial role of guilt. The patient's wife's first husband had to die for the patient to marry. Prior to the operation he spent many months wishing for someone's death. He was then guilty of the crime of cannibalism, and the doctors were accomplices in the crime.

Dr. Lawrence J. Friedman: also emphasized the overwhelming guilt. A healthy person has to be killed to save the doomed recipient. He also raised the possibility of psychological factors in organ rejection.

Dr. Albert Mason: felt that the case might be instructive in answering the question: what produces psychotic breakdown? He traced a line of evidence for the presence of cannibalistic fantasies about the mother. The patient obtained his mother, a cook, at age five when his father died and his wife when the restaurant owner for whom he worked died. The transplantation then had the significance of cannibalizing a woman. In England the clinical picture presented would have been called a manic-depressive psychosis. There were hints that the man was already psychotic (manic) when he entered the hospital. Urinary and fecal withholding is a common symptom in manic patients. The post-operative reactions were more primitive than guilt and might be designated "persecutory anxiety." Perhaps the coincidence of a fantasy with some external reality is central in the development of psychotic breakdown. Several brief examples from clinical practice where such a coincidence was followed by a psychotic episode were described.

Dr. Robert M. Dom: felt that the paper did not sufficiently tap the psychoanalytic potential of the case material and also that there were insufficient data to be clear about the types of infantile fantasies present.

Dr. Tedesco pointed out the vast differences between interviews in the analyst's office and the surgical intensive care unit.

" THE ADMONITIVE FUNCTION OF DREAMS OF EXAMINATION and THE PSYCHOANALYSIS OF THE RICH, THE FAMOUS, AND THE INFLUENTIAL"

by Charles William Wahl, M.D.
Southern California Psychoanalytic Society

Presented October 16, 1969

Reported by Sumner Shapiro, M.D.

THE ADMONITIVE FUNCTION OF DREAMS OF EXAMINATION

The dream can under certain circumstances function as a rehearsal fantasy, employing an "if-then" concept. Such dreams may be seen to subserve an admonitive function. Illustrations of these employments of the dream are discussed in a collection of dreams of examination.

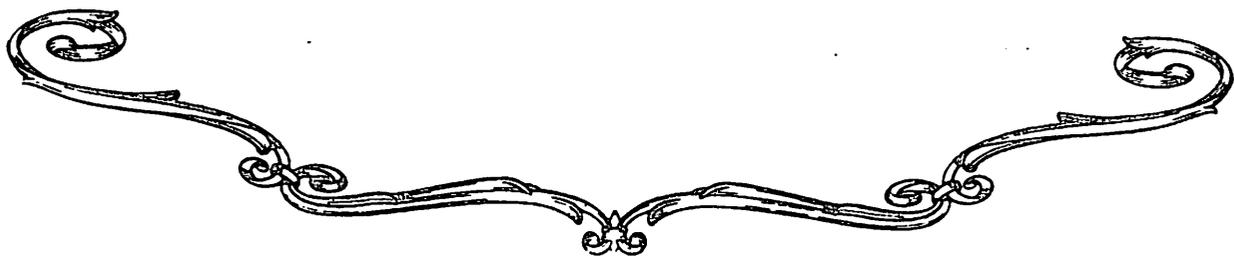
THE PSYCHOANALYSIS OF THE RICH, THE FAMOUS, AND THE INFLUENTIAL

This paper briefly discusses some of the special transference and countertransference phenomena that are seen to occur uniquely in patients in these categories.

Drs. Morton Shane and Bernard Bail responded to the paper on examination dreams. Dr. Shane agreed that examination dreams deserve reevaluation. He proposed that the content of such dreams has many and varied meanings, and that examination dreams may not belong in the category of "typical dreams." Dr. Bail presented a vignette of a patient recently married after an engagement of 12 years, who reported that he had a dream of examination, of something he had to do, from which he wakened with anxiety. His associations included mention of an obligation to take to dinner an old friend recently married for the seventh time. Dr. Bail felt that the patient was anxious because of "identification with the infantile part of himself which was incapable of performing the task of feeding." Analysis of the dream necessarily involved analysis of all the infantile fantasies which contributed to the identification.

The second paper stimulated more discussion. Dr. Miriam Williams noted that wealth is used by patients as a formidable narcissistic defense. In her experience the analysis of non-paying poor patients presented far less formidable obstacles. Dr. Leon Wallace underscored the risk, inherent in the solitary nature of the analyst's work, of seeking inappropriate gratification by sharing accomplishments with the person most immediately concerned: the patient. He noted that progress in the area of establishing objective criteria for completion of analysis has been very slow, and wondered if this tardiness might be related to reluctance to interfere with countertransference gratifications at that time. Dr. Shane mentioned that analysts sometimes give in to the need for gratification from a patient (for friendship, for example) after the analysis is over, ignoring the continuing transference-countertransference bond. Dr. Leonard Gilman suggested that it would be of value to distinguish the special problem encountered with rich-famous-influential patients according to the presence or relative absence of a manipulative facade. In patient with the manipulative facade there is the dual wish that the analyst will and will not be taken in by that facade. Dr. Arthur Ourieff focused on the analyst's experience of pain and envy in working with patients who can do what the analyst cannot, or who have talents or even intelligence that the analyst relatively lacks.

Dr. Wahl responded broadly to the discussion. He expanded on the problem of setting appropriate fees for very wealthy patients and mentioned several other types of patients in specific social categories who may call forth special countertransference reactions: the notorious patient (a capo mafioso), a patient who is seen as harmful in the world, a comedian who makes his living by jokes about his "craziness" and his analyses.



NEW AND NOTES

An Interdisciplinary Psychoanalytic Study Group* On Political Leadership In Los Angeles

An interdisciplinary study group which includes social scientists, historians, and psychoanalysts interested in broader cultural problems has been meeting regularly in Southern California for over three years. The Los Angeles Interdisciplinary Psychoanalytic Study Group has been exploring the psychodynamics of political leadership and the relation of psychoanalysis to the social sciences to the mutual benefit of its medical psychoanalyst and academic scholar members. The results have been so valuable to the participants that this report of the study group's activities is submitted in the hope of coming into contact with similarly interested individuals and groups elsewhere.

The group began when the initiative in seeking personal collaboration with social scientists of Robert M. Dorn, M.D., Chairman of the Committee on Social Problems of the American Psychoanalytic Association, co-incided with the interest of two political scientists, E. Victor Wolfenstein (U.C.L.A.) and Alexander George (Rand Corporation, now Stanford University), and an historian, Peter Loewenberg (U.C.L.A.), in applying psychoanalytic tools of perception to their teaching and research. Other original participants were Ernst Lewy, M.D., Herbert Kupper, M.D., and Leonard Rosengarten, M.D. The study group has in the course of the past three years lost the latter two members and has been joined by two historians, Arthur J. Slavin and Fawn M. Brodie, and three psychoanalysts, Alfred Goldberg, M.D., Ira Carson, M.D., and Gerald Aronson, M.D.

During the past three years the group has studied such varied political leaders as Woodrow Wilson, Theodor Herzl, Heinrich Himmler, Frederick the Great, Winston S. Churchill, Leon Trotsky, Malcom X, Adolf Hitler, and Joseph Smith. Some of these leaders had already been intensively studied by a group member, thus giving the group finished pieces of research to work with. In other cases publishable writings grew directly out of the group discussions. A few meetings have also been devoted to primarily literary figures such as Claude Brown Jr., and George Orwell. Other meetings have been given over exclusively to papers on theory and method in the areas of leadership and personality. In future sessions the group plans to turn attention to Thomas Jefferson and Franklin D. Roosevelt.

The study group has several times placed itself at the disposal of interested scholars who wished to expose their research materials to a psychoanalytical perspective. In two such sessions Professor Leonard M. Thompson (Yale University) presented data on Shaka, the father of the Zulu nation. Another guest was Professor Nikki Keddie (U.C.L.A.) who submitted materials on the life of Sayyid Jamal ad-Din al-Afghani, the founder of pan-Islamic ideology. These encounters have, I think, been mutually beneficial. Whereas the visitors may have gained depth and psychological insight into their subjects, the study group clearly benefited both from substantive exposure to new and stimulating historical and social materials and subjectively from the necessity of exercising an interdisciplinary tolerance toward social scientists who are not psychoanalytically oriented.

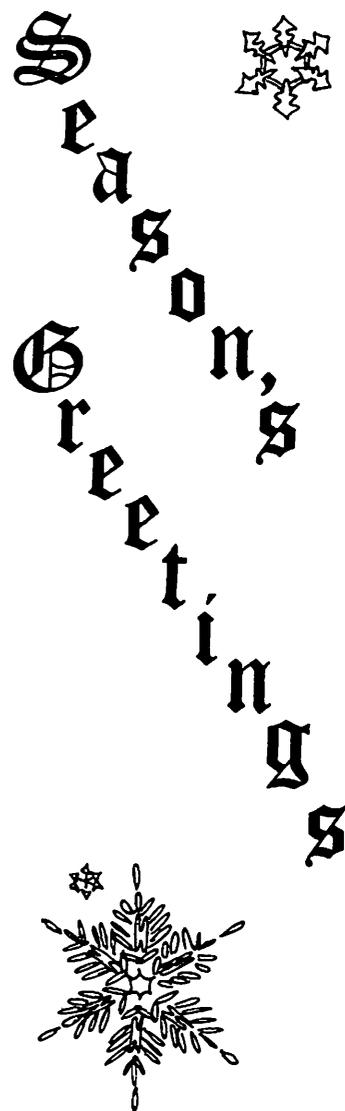
The format of the study group is informal and flexible. Meetings are held in the evenings, approximately once a month, in the home of Dr. Ernst Lewy. The subject for the following session is determined by consensus at the close of each meeting. Subjects of discussion are often presented out of the current research or interest of one of the members. Topics are then usually pursued for a number of consecutive meetings. Books are ordered or reprints of articles and manuscript material are circulated to the members in advance of the meetings. Sometimes reproduction has been arranged through the good offices of the Rand Corporation, Santa Monica. Frequently interchange among members and carry over between meetings are maintained by "think pieces" or brief memoranda which may be mailed out to the group by a member who wishes to share his reflections on past material or to give the others something to respond to. Discussions are taped and saved for future reference. Meetings often begin with brief reports on new books and journal articles or on interdisciplinary activities in other areas of the country that are of interest. The group is kept semi-closed in order to foster spontaneity among its members. An aspect that lends congeniality and personal warmth to the discussion is the coffee and refreshments which are served prior to each meeting.

The focus of the study group's approach has been on the defensive ego structure and internal fantasies of leaders as manifested in their writings, journals, behavior, character, and object relations, rather than on libidinal or aggressive id content. While the chief benefit of the study group has been in the individual thought and work of its members, some tentative attempts at synthesis and generalization which have received national attention have been undertaken individually by Doctors Lewy, and Dorn, and Professor Wolfenstein (See Edward Joseph, M.D., "Comments for the Panel on the Methodology of the Application of Psychoanalysis to Social Problems"

and the critique by Jacob Arlow, M.D., in the *Journal of the American Psychoanalytic Association*, (1967), 690-693).

All too often, the consensus of experience among social scientists seems to be that interdisciplinary discussions are non-productive. The participants talk past each other while the presuppositions, method and idioms of their respective disciplines keep them apart. In this study group we have found that a common sympathy for the methods, assumptions, and rules of evidence of psychoanalysis makes effective interdisciplinary communication pleasant, stimulating and productive.

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* This account was solicited by Editor Eric T. Carlson, M.D. from Peter Loewenberg of the University of California at Los Angeles.

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* Presented to the library by Dr. Hanna F Fenichel.

** Presented to the library by Dr. Friedman.

The bequest of the year came from Mrs. Sientje Van der Heide, who presented to the Library 1 Dutch, 9 German, and 11 English titles from the collection of the late Dr. Carel Van der Heide.